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The Atlanta Convention

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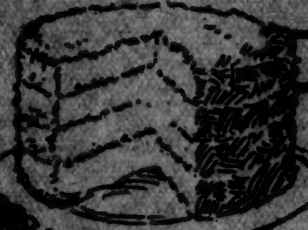
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EDITORIAL

A New Spirit of Unity

IT was not just the interest of the special meetings and individual speakers, nor the great pleasure and satisfaction in having an opportunity to talk to others doing similar work all over the country, which made the Atlanta convention unique and different from all other conventions. To my mind the spirit of unity in the nursing profession, the implied and definitely recognized interdependence of all, was the greatest contribution of this 1920 convention. As never before it was acknowledged that the interests of one group in the nursing profession are really not separate from those of any other. The educational requirements of training schools; the number of pupils actually entering the hospitals; the

content of the training course; and the most immediately pressing problem of how to meet the present shortage both within and without the training schools, is the equal concern of all. Just as each nursing group is profoundly affected by the seriousness of these questions, so it is the direct responsibility of each to help to solve them.

Speaking more particularly of the public health section of the convention, this same sense of unity of interest and purpose within this special group was an outstanding feature. The sharp lines of demarcation between the different types of public health nursing seemed to be disappearing, and a growing sense of the similarity, in fact fundamental identity, of purpose predominated. It was evident,

as never before, that though the different public health nursing groups may approach their problems from various angles, the goal is the same. Doubtless some of this spirit was due to the success of the first two days, at which time the technical problems of the various specialized groups were discussed, which left the regular convention week free of attention to details and afforded an opportunity for the discussion of the main issues together. Furthermore, the stupendous problems and responsibilities facing all Public Health Nurses gave a new sense of need of each other's help and advice.

Above all else stood out the utter necessity of having a center through which such mutual help can be procured. The National Organization for Public Health Nursing, as the practical expression of the realization of this need, appeared as no luxury, but as the

most important essential in the development of public health nursing throughout the country.

Katharine Tucker.

Sophia F. Palmer

Most of our readers will already have learnt from the May issue of the *American Journal of Nursing* that Sophia F. Palmer, editor-in-chief of the *Journal*, died on April 27th.

Ever since the first appearance of the *Journal* Miss Palmer had been its editor, and she will be mourned by nurses throughout the country who, whether they had been privileged to meet her personally or not, knew her as a friend through the pages of the magazine.

We wish to express our most sincere sympathy to the Editorial Board of the *Journal* for a loss which means so much to them and which they must feel so keenly.

The Atlanta Convention

BY STELLA FULLER

Extension Secretary, National Organization for Public Health Nursing

THE first biennial convention of the three great nursing bodies of the United States ended on April 17th.

It was the twenty-fifth annual meeting of the National League of Nursing Education; the twenty-first meeting of the American Nurses' Association, and the seventh meeting of the National Organization for Public Health Nursing.

It was the verdict of many that this was the best nurses' convention ever held, best in numbers, best in enthusiasm, earnestness and oneness of purpose. The great gatherings in the Tabernacle and the Auditorium were deeply sensitive to the Spirit of Florence Nightingale, the centenary of whose birth we celebrate this year.

For those who were not there, let us begin with the beginning, which was two days' informal programs on specialized activities in the field of public health nursing both rural and urban, April 9th and 10th.

Separate sections on Infant Welfare, School, Tuberculosis and Industrial Nursing were organized. The arrangements for these sections, the drafting of by-laws, the appointing of officers and the drafting of resolutions entailed a great deal of careful consideration on the part of the chairmen of the

respective standing committees who undertook it, and much appreciation is due them. The names of the officers of these new sections will appear in the official report of the convention, together with those of the general body.*

In order that they might be in time for the rural sessions arranged by Miss Elizabeth Fox, director of Public Health Nursing of the American Red Cross, and Miss Katherine Olmsted, executive secretary of the central branch office of the National Organization for Public Health Nursing, the nurses began arriving in great crowds as early as Wednesday evening. They poured into Atlanta, thronging the streets and crowding the lobbies of the comfortable hotels. Before the opening of the first meeting on Friday morning they stampeded the Baptist Tabernacle on Luckie Street; they choked the doors of the book and exhibit rooms; they read the bulletin boards anxiously; they jostled, questioned and greeted each other good-naturedly. All were determined to get every bit of information possible.

Nurses from Belgium were there. Recognized leaders in our

*A report of the two days' meetings and formation of sections, with names of officers elected, will be published in our July issue.

profession were there. Young, inexperienced nurses, just starting their work in isolated districts, were there, come to hear the ideas of the wise ones and to discuss among themselves the problems of all. It was plain that more than 2,000 delegates and visitors had not come because they wanted a trip South. From the first drop of the gavel they registered "attention," "interest" and "enthusiasm," and they continued to do so until the end of the last perfect day, April 17th.

Miss Martha Giltner, Miss Jane Van de Vrede, Miss Gertrude Avant, Miss Virginia Gibbs, Miss Jessie Candlish, Miss Anna Brundidge, Mrs. O. A. Mathews and others made up the best local committee ever in action. They met the nurses, made reservations for belated guests, planned auto rides, dinners and trips to church or to the Country Club. In fact, they provided everything that anyone wanted and they answered millions of questions. At their suggestion, the Ladies of the Guild of St. Luke's Church served luncheon every day in the beautiful Y. W. C. A. building just across the street from the Tabernacle. The nurses not only lunched there, they rested there; they used the free telephone and wrote gay, enthusiastic postals home to the folks.

On Sunday afternoon, long lines of automobiles blocked the streets leading to the Piedmont Hotel.

The people of Atlanta, with true Southern hospitality, were there to take the nurses to ride through the city and out into the surrounding country, beautiful with the first flowers of spring. After the ride, tea was served at the home of Mrs. T. C. Erwin.

Nurses and non-professional members continued to arrive all day Sunday, taxing the hotels for accommodations, but there always seemed to be room for one more.

At 9:30 on Monday morning, April 12th, the real business of the convention began. Miss Katherine Tucker, president of the National Organization for Public Health Nursing, and superintendent of the Philadelphia Visiting Nurse Association, presided over the meetings of the National Organization for Public Health Nursing. By 8:30 Room No. Five was comfortably filled; by 9:30, nurses were perched on tables and window sills, utterly oblivious to their discomfort, waiting for Miss Tucker to open the meeting. During the whole morning, which was devoted largely to business, they stayed and listened to what the different departments had been able to accomplish in one short year. Through it all there was an evidence of good team work and much interest in the plans of the Organization.

The discussion relative to the revision of the by-laws was most spirited. When a motion was made to strike out the clause permitting votes by mail the arguments for

and against, the animation and the determination shown, proved that nurses know how to conduct meetings and how to express themselves in clear, decisive English.

Mrs. Emma A. Fox, nationally known as an authority on parliamentary law, kept the boat from rocking and finally even the losers seemed to realize that voting by mail is not desirable, for several important reasons, which will undoubtedly be clearly explained to all members.

The afternoon session on organization and administration was given by non-professional members with Miss Helen Kenyon presiding. The papers and discussions were exceedingly helpful, inasmuch as they brought out the business side of public health nursing, the importance of which is little understood by many nurses in the field.

The dinner hour was one of the most enjoyable features of the convention. The nurses declared they had never eaten such delicious fried chicken in all their lives—and the biscuits were simply indescribable!

From the hotels, restaurants and cafés, the visitors in their best dresses hurried to the big auditorium where the evening sessions were held.

The formal opening meeting of the three National Organizations took place on Monday evening, Miss Clara D. Noyes, President of the American Nurses Association, presiding. It began with a brief

concert by Atlanta musicians, an Invocation by the rector of St. Luke's, and a hearty welcome from the Mayor of the beautiful Southern city. The presidents of the different nursing societies responded to the welcome, expressing their gratitude for all that was being done for the comfort of the nurses.

At this and many other meetings, reference was made to the Florence Nightingale Centennial. Post cards and sticker stamps bearing the likeness of the Lady with the Lamp, were sold at the Tabernacle as a part of the publicity campaign being launched in an effort to recruit pupils for the training schools.

At 9:30 on Tuesday morning, there was another session of non-professional members to which nurses were not admitted, but they insisted on hearing some of the papers later. One, on "Essentials of Office Administration"* was carried off and read at a nurses' round table. The reader was deluged with requests for copies, the nurses exclaiming, "It's just what we need!"

The regular morning session was devoted to the Public Health Nurse and Hospital Social Service. The discussion of the papers read brought out the old and amusing argument as to whether the nurse is not more successful in social service than the social worker who has not had the nurse's training. Though the debate was lively, it had to be discontinued to make

*This article was published in our May issue.

way for the program on The Public Health Nurse and Industrial Hygiene.

It is possible that some weary person may have taken "forty winks" during some of the meetings of the Atlanta convention, but it is certain that it could not have happened at any of the meetings devoted to Industrial Nursing. The time assigned for them seemed far too short for the existing and wide awake speeches and discussions. The simple phrase "The Nurse in Industry" was an alarm to everyone present.

Not less interesting and "wide awake" was the time given to Newer Fields of Public Health Nursing. Naturally every one attending a convention is looking for something new to take back home. The paper on The Public Health Nurse and Venereal Disease Control brought forcibly to mind the fact that Public Health Nurses know very little about venereal disease, because they have paid little attention to the study of it and, furthermore, they are not all making use of the splendid assistance offered by the U. S. Public Health Service and the State Boards of Health. It is safe to say that, in the future, nurses will take their part in stamping out this evil of all the ages.

The nurses were further stimulated by the suggestion that visiting nurses, trained properly, could safely care for an erysipelas and a maternity case in one morning.

Verily here was something new! Though the transmission of infectious diseases has for some time been determined by the nursing technique, no one has been brave enough to go out and prove it in this spectacular way. Who will be the first?

The discussion of The Extension of Public Health Nursing to include attendance on women during delivery, and the Relation of Heart Disease to Public Health Nursing emphasized again, that public health nursing is one of the finest, most splendid things a woman can do. Those who attended these meetings were plainly satisfied with the work they had chosen, and had no other wish than to go up and up in efficiency, knowledge and broader service.

The reception on Tuesday evening was the subject of a flattering Atlanta editorial, in which the writer said: "It is a great and beautiful thing for any city to have within its doors this most useful and honorable assembly of women; women who have done so much for the nation, and so much for the plain cause of humanity."

Wednesday morning was a red letter session on Rural Needs and Rural Problems. Impassioned, eloquent appeals were made for more nurses to go out into the isolated mountain places of the Southland to nurse and educate the unreached family; to help the districts where there are no nurses, no hospitals, no health work of any kind, where

many are the victims of untoward circumstances, isolation, superstition, poor schools, spiritless churches, poor inheritance and consumed energies.

The needs of the Wyoming Indians and their simple faith in the nurses who have ventured to the reservations held the assembly in breathless interest. Reports of nurses doing rural work and an inspirational paper on *Keystone Essentials for Effective Work* left the hearers in a condition of mind and heart similar to that in an old time camp meeting. There was a great desire to go out into the lonely places as missionaries of health.

From 2:30 to 4:30 on Wednesday there was a joint session of the three organizations, devoted to Mental Hygiene, with Miss Elnora Thomson presiding. That the Public Health Nurse has an important duty to the nation in bringing about a better understanding of mental disease was made plain. The evening meeting on the *Coördination of Public and Private Agencies*, showed that each has its place in the plan for better health for all. That the private agency is a most effective demonstrating agency was generally accepted.

The weather was delightfully cool all the week. The nurses kept up an energetic vivacity which surprised some of the Southern folk. There was no lagging behind, no shopping trips, no running off to the movies. They came to learn, and Thursday morning found them

in their places ready for the papers on Health Education and Protection of School Children.

The need of a vision of the importance of health education of mothers; the value of sex education and of mental hygiene; the necessity for better housing, better school houses, better boards of health, and better salaries for teachers; and the demand for more school nurses were given as important factors in the solution of the problem. The proper feeding of children and means of interesting mothers in nutritional clinics and correct diets for boys and girls were discussed at considerable length, but had to be discontinued for lack of time.

The afternoon session was another joint meeting held in the amphitheater of the Tabernacle, with Miss Clara D. Noyes presiding. Piled high on the desk before her were letters and telegrams from the Northwest inviting the three associations to hold their next biennial convention in Seattle, the "Pride of the Pacific Coast." After these had been read, there were "boosting speeches" for Seattle, Kansas City, Des Moines and Salt Lake City. They were all good, but the Seattle booster carried the day, vowing that Seattle was the logical place because—but space is not sufficient to print all she said.

The evening hour was a Red Cross meeting. Dr. Farrand gave the main address of the evening. Miss Fox spoke very effectively of the public health nursing service

of the Red Cross. It was the anniversary of the death of Jane Delano and a brief memorial service was held, with music and a floral tribute to all those who had died in service.

Friday, the last day but one, started with a joint session under the National League of Nursing Education, with Miss Lillian Clayton, president, presiding. The subject, The Introduction of Public Health Nursing into the Training of the Student Nurse, was discussed from the standpoint of public health nursing and from the standpoint of the nursing school, with such vigor and eloquence that the house rang with repeated applause.

What the Y. W. C. A. is doing in connection with the nursing profession was discussed and was endorsed by every nurse present. This interesting conference was carried over to the afternoon session with talks on Recruiting of Nurses, The Problem of Furnishing Adequate Home Nursing Care, and a report on the progress of the Army School of Nursing.

The last evening session of the convention was well attended, in spite of the fact that some of the nurses were not able to stay for the entire week.

Saturday, the closing session, was devoted to unfinished business and reports of committees on resolutions and elections.

The most significant event of the entire convention, and the one for which 1920 will be longest remem-

bered, was the authorization by the National League for Nursing Education and the American Nurses' Association of the establishment of a joint national nursing headquarters, with the main offices in New York and branches in Chicago and other cities as soon as possible.

Community sings, nursing and health movies and a health fairy in a veritable fairy house were novelties before undreamed-of in nurses' meetings.

By Saturday noon, the greatest nurses convention ever held was practically over. The Tabernacle became an animated moving van. Where nurses had discussed the health of the nation, husky colored men were moving boxes and exhibits and restoring order. Taxis were loading in front of the hotels, hasty good-bys and addresses were exchanged, promises to meet in 1922 in Seattle were given, and there was more waving of handkerchiefs and hands as the honking motors whirled them off. The hotel lobbies and the comfortable rooms gave place again to traveling men; the dining rooms where the nurses had ordered "real Southern cooking" were again available for local dinner parties.

As the Dixie Flyer and other heavily loaded trains carried them away, the nurses looked back with pride and satisfaction to the Atlanta convention, and for each one the term "Southern hospitality" will be forever rich with happy meaning.

Presidential Address to the National Organization for Public Health Nursing

BY KATHERINE TUCKER.

THE National Organization for Public Health Nursing is now eight years old. It has lived through many vicissitudes due to the changing and uncertain times. During its short life it has seen and participated in the most tremendous advance in the conception and practice of public health nursing. During each period of its existence the Organization has attempted always to adapt itself to the needs of the occasion, holding as its paramount purpose the assisting in the development of public health nursing, so that the growth in this enlarged field might meet to the fullest extent waiting opportunities. The Organization now seems to have come to a parting of the ways. The pioneer period is over, the war emergency past. Therefore, should we not consider today, in the light of our previous history and the present public health nursing situation, what shall be the future of this Organization? Many radical changes have taken place since the early days of the Organization in 1912. Other groups have entered the field, a new emphasis is found, and different needs felt. Is there still a special work for the National Organization? In the beginning in 1912, when even the term "public health nursing" was little understood, the crying

need seemed to be the formulation and extension of standards and particularly the increasing of the public demand. We were distinctly a propagandist agency, encouraging communities to organize public health nursing as well as assisting organizations already in the field to develop their work according to the highest standards and on the broadest platform. It was a large program conceived in Chicago in June, 1912, and entered upon in a large and hopeful spirit. In fact, everything was large except the staff, the budget, and the equipment, and yet it worked—the need was met. Out of the gropings of many isolated and unrelated groups, out of an inarticulate and slowly developing movement, little known and even less comprehended, has come a gathering together of those most interested, bringing an interchange of conception and experience, which has produced a self-conscious and increasingly well-defined and well-expressed movement for public health nursing. Perhaps the Organization will never make a greater contribution to public health nursing than to have crystallized its vague group consciousness. It has served as the medium through which we have thought and worked together—it has been the clearing house for our ideas and the forum for our discussions.

While all of that first developing interest for public health nursing was not accomplished only by the National Organization by any means, in those early days, it certainly served as the nucleus and pointed the way. So receptive, in fact eager and waiting, was the public found to be for this idea of the Public Health Nurse that in 1916 the Organization found that it had worked itself out of one section of its program. There was no need for further stimulation, for the demand already had come to exceed the supply. Therefore, during the next period of its existence, from 1916 to 1920, the chief emphasis has been on increasing the supply of properly qualified nurses, with a continuing emphasis on standards and the extension of the scope of public health nursing activities.

And then came the war. This was not only the most crucial time in the life of the Organization, but even more truly the real test of the whole public health nursing movement. Where were we most needed? Should we abandon all that we had worked for and won, or was there still a place for the Public Health Nurse, as such, in the war emergency? Whatever of doubt or questioning we felt at that time has long since disappeared and the answer has come forth from the whole country itself. It should never be lost sight of, however, that that which seems so obvious and clear now was first made

plain through this Organization. It is not too much to say that many of us would have abandoned and been expected to abandon those on this side of the water, had not the National Organization pointed the way to an equal service in our own particular field. It was through the channel of this Organization that the group was able to think together during those dark days and to decide how they could put their special training and experience to the greatest service for their country. Not only was public health nursing held steadfast to the principles gained through years of effort, but these were so adapted to the exigencies of the moment that it might almost be said that for the first time public health nursing was given its true place and full recognition through the war. While this widespread acknowledgement, even acclamation of public health nursing as a permanent necessity and not an incidental luxury was the turning point in the whole movement as well as in the life of the Organization, there are several other noteworthy developments during this period. Increasingly the cry was for more and yet more nurses properly equipped, and therefore the Organization set itself the definite task of assisting in the process of production. An educational secretary was added to the staff, assisted by an active educational committee, the duties of whom should be the stimulation of more post-graduate

courses, advising as to development within existing courses and encouraging the introduction of public health nursing subjects and field work into properly equipped training schools. The scope of the educational work could not stop here, however, as the efficiency of the nurses already in the field must also be developed. Therefore a library service was started which has grown apace. The details of this development will be heard later.

One of the weakest spots in any national organization is that the main office has to be situated in one locality, thus of necessity centering the activities of the organization too much in one section of the country. The general tendency of the National Organization for Public Health Nursing during these last four years has been steadily away from such a danger to an increasingly decentralized program. The Chicago office is already organized and in operation and plans are rapidly being consummated to make the Far West and Southern Offices realities. Our state representatives and state public health nursing organizations have been other means of attempting to give the National Organization a closer contact and to have its ideals and principles become a more vital factor throughout the country. Such has been the progress in purpose and scope during these eight years, shifting from a primary interest in propaganda to

a more intensive interest centering on education, always continuing our attention to standards and progressive developments.

This growth in responsibilities has also brought a corresponding increase in staff and budget.

Before making further plans it certainly seems desirable for us to pause carefully and consider. The war is over. What are new elements entering into the situation? To use the parlance of the day, the idea of public health nursing has been completely "sold." No more persuasion is needed as to the importance of conserving life—the lives lost on the battlefield and through the epidemic have brought this home to every community and almost every family. The Public Health Nurse is now the center of every life-conserving program. With the Red Cross as a country-wide administering agency, giving direction to this new awareness of the value of life, the question as to how such programs are practically to be carried out is being answered day by day. In other words, the last thing that is now needed is a national propagandist or stimulating agency and the last possibility of the National Organization for Public Health Nursing ever being needed as an administrative body is completely removed.

What is there left? Is it not possible that a very special need is being created just by the other public health nursing agencies so

actively in the field, so that the National Organization for Public Health Nursing must live on because of, and not in spite of, this undreamt-of growth? In our inquiry as to a peculiar and apparent need for the Organization let us first consider its particular make-up. It holds a unique position as the voluntary body of the workers in the field democratically organized, and representative of all parts of the country and all the varied types of public health nursing. And second, it is able to maintain a non-partisan position, because it is non-administrative and non-competitive in its purpose. It exists for all alike, to serve each and any group in so far as its funds and policies, passed upon by all, permit. Surely there is no duplication here. In other words, here is the official body, representing the experts working in the field of public health nursing, to be consulted by all and therefore to be so developed as to provide the particular service that will benefit all. Already lines have been indicated as to what this service can be.

To quote in part from the outline already published in THE PUBLIC HEALTH NURSE.

1. *Education.*

- A. Assisting in the organization and improvement of post-graduate courses in public health nursing.
- B. Assisting in the production of more public health nursing teachers through special scholarship fund.

C. Encouraging introduction of instruction in subjects relating to public health nursing and field work into the curricula of qualified training schools.

D. Special institutes for public health nurses already in the field.

E. Circulating package library; advisory service to libraries concerning public health nursing literature and bibliographies.

F. PUBLIC HEALTH NURSE, monthly magazine.

2. *Standardization.*

Studies of and assistance in establishing standard methods of organization and administration.

3. *Legislation.*

Assisting in the preparation of model bills concerned with public health nursing and advising as to the best methods of procedure in any given State legislative campaign.

As so much of this problem goes back to attracting the proper students into the training schools the organization should participate in any joint recruiting campaign with the other nursing bodies. As the body of experts in touch with the situation all over the country it is quite natural that a certain amount of employment service will fall to the Organization, which could be developed into a national employment clearing house for Public Health Nurses should such development be desired by the other participating groups.

Surely these are real and vital things to be done, and absolutely essential to the development of the movement. At present there is no other national representative

agency in the field. In fact, it is only suitable that the agency that represents the cause as a whole perform these functions, the benefits of which all can reap equally.

In these functions, as analyzed, we find the Organization assuming a role similar to that of consulting engineers, being called in to advise and assist in certain questions requiring the judgment of experts. Such an advisory service, representing the best thought and experience of the whole body of Public Health Nurses throughout the country, surely is peculiarly needed at this time when we are in danger of being swamped by the demand and have little time to consider ways and means.

The foregoing is presented merely in terms of an analysis of tendencies gathered from taking a bird's eye view of the past. Out of these tendencies we see many varied and new possibilities. Just how these shall be seized and developed is for each member to assist in deciding. That we need this means of thinking together, and, further, that we need an office and staff to express this common thought and give us the benefit of this joint judgment, seems to me to be incontrovertibly proven out of the eight years that have gone before and the vision of the future that we see waiting for us.

Scholarships for Psychiatric Social Service

In recognition of the growing demand for qualified women to fill the increasing number of positions in psychiatric social service, the American Red Cross has decided to provide a few scholarships for specially well qualified nurses who wish to secure the training necessary for this work. Courses in this subject have been established at the more prominent schools of social work in the country, and accepted candidates will be allowed a choice of schools. For admission to these schools, the educational requirement is a college degree or its equivalent. Information regarding the whole field of psychiatric social service with its interesting work, its opportunity for development, its present remuneration, and its various phases of activity may be obtained by writing to Miss V. M. McDonald, Organizer of Social Work, National Committee for Mental Hygiene, 50 Union Square, New York City. Nurses who wish for further information regarding the scholarships for this special course of study should apply directly to Miss Elizabeth Fox, Director, Bureau of Public Health Nursing, American Red Cross, Washington.

Annual Report of the Executive Secretary

BY ELLA PHILLIPS CRANDALL

RESUMÉ OF THE REPORT OF 1918

BECAUSE two years have passed since American Nurses have gathered in regular convention, a very brief resumé of the most salient features of the 1918 report published in the August, 1919, issue of the PUBLIC HEALTH NURSE is herewith submitted.

The Organization's War Record:

Its President, Chairman of the first Committee on Nursing created by the Council of National Defense and member of the others and of the Red Cross National Nursing Committee.

Its Executive Secretary, Secretary to the three Nursing Committees under the Council of National Defense.

Its Associate Secretary, Organizer and Director of Public Health Nursing under the United States Public Health Service.

Two of its Board members, Director and Associate Director of the Bureau of Public Health Nursing, American Red Cross.

The action of its Advisory Committee expressed in a resolution submitted to the Rockefeller Foundation, which it is not too much to say became a potent, though only one of several factors in bringing about the present committee for the study of Public Health Nursing Education under Dr. Winslow's leadership and Josephine Goldmark's per-

sonal direction. It is a matter of pardonable pride that the membership of this Committee is largely composed of officers of this Organization. It may reasonably be expected that the findings of this Committee will some day be recognized as the first step looking toward the reorganization of nursing education which has been the long deferred hope of the National League for Nursing Education and other interested bodies.

The contract with the Federal Children's Bureau for three country demonstrations, designed to demonstrate the value of Public Health Nursing in maternal and infant conservation.

The revision of the Organization's by-laws to provide for four non-professional members on its Directorate in addition to the Treasurer.

The appointment of an Educational Secretary and a Librarian and the immediate development of two new departments which rapidly built up splendid records of achievement already stated.

The establishment of a branch office in Chicago and appointment of an Extension Secretary.

The inclusion of the Magazine with membership, and expansion from a quarterly to a monthly issue.

REPORT FOR 1919

The growth of the Organization's work is clearly indicated by the in-

crease of the Staff and the complete separation of its activities into clear-cut departmental programs. The staff entered upon the year's work as a twenty-horse team pulling one good-sized load. By October 15th they were several teams pulling sections of a still bigger load of public service. The old order has passed and 1919 has ushered in a new period in the Organization's history which demands quite different policies and administration. During the year, Miss Lent has returned, Misses Bradley, Braithwaite, Haliburton, Carr, Geister, Thomson and Mr. Rorty have joined our staff, and assumed charge of their several departments. Others have given us valuable assistance for limited periods. We have lost Miss Young, our splendid first librarian, and by far the major share of our indefatigable and most able Educational Secretary, Mrs. Haasis. But we hold that no discredit attaches to the Organization because of their desertion, inasmuch as they left our ranks for the one field of human service and happiness with which even nursing does not aspire to compete, namely, matrimony.

Our last achievement of the year was the happy accession to our staff of Miss Janet Geister, who went to Portland, Oregon, to open a Western Office. Although immediately recalled by desperate illness in her family, Miss Geister had so ingratiated herself and so favorably introduced the Organization to her prospective co-workers, whom

she called upon en route to her new headquarters, that constant messages of appreciation and eagerness for her return and enthusiastic welcome for the new office are still being received at the New York office.

At the special meeting of the National Organization for Public Health Nursing held in Chicago in December, 1918, chiefly to enact some important revisions in the by-laws, the War Program Committee was dissolved and a Ways and Means Committee was created instead of reinstating the former Membership Committee. It was also determined that the re-establishment of a Finance Committee was essential and steps to this end were authorized. However, responsibility for the financial support of the Organization remained wholly in the hands of the Ways and Means Committee during 1919, owing to unavoidable delays in creating a Finance Committee, pending the appointment of a Treasurer to succeed Mr. Colt. On November 15th Mr. James C. Auchincloss accepted the office of Treasurer and Chairman of the Finance Committee, but did not assume its responsibilities until January 1st, 1920. His committee will work in coördination with the Ways and Means Committee. He has asked and been granted, the privilege of recommending certain revisions to the by-laws to facilitate the work of raising funds.

Acting with the entire approval of the Ways and Means Committee, the Directors and Executive Of-

ficers in session in Cleveland, February 28th and March 1st, voted to adopt a budget of approximately \$75,000 for the current year to permit of the expansion indicated by demands from all parts of the country. All obligations have been met, in spite of the illness and slow convalescence of Mrs. Bolton and an inevitable increase in the budget from \$74,000 plus to \$81,000 plus to meet the imperative need of an augmented staff, advance in salaries of stenographic staff due to high cost of living, the exceedingly high cost of printing, improvements in the make-up of the magazine, and an unforeseen demand for recently issued leaflets. The relatively small deficit shown in the financial statement was covered in January, 1920. This has been due largely to Mrs. Bolton's own extraordinary liberality.

While the rapid expansion of the Organization's work will hereafter inevitably call for a comparatively greater proportion of its income from donors of large sums, a membership extension program is now fairly launched and further plans wait for proper coördination with those of the Treasurer and Finance Committee.

The many and difficult adjustments between the membership and editorial departments since the inclusion of the magazine with membership could not have been accomplished without the addition of a Membership and Eligibility Secretary, Miss Braithwaite, to say

nothing of a degree of promptness in handling applications for membership which has never been possible in the past in spite of untiring devotion of voluntary chairmen of this Committee. The present gratifying increase in membership is but a promise of what the current year will in all probability show. Possibly the most significant feature in the work of this Department is the innovation inaugurated in a few States, notably Pennsylvania, of making membership in the local Association include membership in the State and national bodies. This is unquestionably a reflex from the reorganization of the American Nurses Association. But if the plan is adopted by other States, they will gradually become virtual branches or corporate members of the National Organization—thereby making the latter literally representative of all Public Health Nurses. This is much to be desired.

Perhaps the year 1919 will in the future be best known as regards public health nursing for the greatly increased emphasis on State direction of public health nursing as a public utility. It is impossible to say what were all the influences that brought this about, but no one will question that the Red Cross peace program has given by far the greatest impetus. But this fact has also given direction to the 1920 program of the National Organization for Public Health Nursing which has placed special emphasis on the

value of state committees* on public health nursing, representing the State Department of Health, and other State agencies engaged in public health nursing work, these committees to support or to assist State Departments of Health and all other agencies in developing, standardizing and financing public health nursing programs and to increase the supply of Public Health Nurses and the opportunities for educational preparation; and, as far as practicable, to coördinate the activities of all agencies engaged in public health nursing.

Although Miss Lent did not return until October 10th, she and Miss Hale, Chairman of our Legislative Committee, who is regularly engaged as a member of the staff, have launched this fundamentally important and constructive program. So prompt has been the response to the suggestion of State Committees on Public Health Nursing, and so urgent the requests from every section of the country, that it has seemed next to impossible to relinquish her leadership in this field for that of Financial Secretary. But the appeal of the Treasurer who has undertaken to raise the budget necessary for 1920, was irresistible and his arguments incontrovertible. Hence Miss Lent and the officers have consented that she shall assume these new duties immediately after the Convention.

*Suggestions for Establishing Joint State Public Health Nursing Committees will be found elsewhere in this issue.

Her successor in the State organization work has not yet been named.

A complete re-organization of the Finance Department is under way.

The work of the Statistical office, located for convenience in Rochester, has increasingly become a service bureau of general information. It is the only source of complete data regarding the locations, character, scope and numerical status of public health nursing in the United States. Its staff has constantly responded during the past year to requests from many sources for special statements involving far more labor than its modest report would indicate. Miss Waters also served the Red Cross for months as Organizer and Director of the public health division in its Bureau of Advice and Information. Since January 1st, this Department, and with it the Organization as a whole, has suffered the loss by death of its loyal and honored co-worker Miss Josephine Schatz, assistant to Miss Waters. We pause to pay our affectionate and deeply grateful tribute to one of our most able members.

The advent of a publicity secretary was a wholly new and untried experiment, although the Organization had employed at two different times Publicity Bureaus on contract. The latter, Brewer, Taylor-Gram of Washington, served until Mr. Rorty was fully inaugurated into his duties. Their work has proven to be a good foundation for his. He was given much freedom in the development of

his work which grew rapidly—in spite of constant handicaps. This rapid growth was due undoubtedly to his own cleverness and also because local agencies had so long been wanting such assistance, that his department was flooded with opportunities for service almost from the beginning. Much more educational leaflet material is needed, but it has been impossible to secure the help of Public Health Nurses to assist in the preparation of such material and Mr. Rorty's staff has been inadequate to the task.

We are particularly indebted to Mr. Rorty. Our provision for his department has been meager in comparison with his ideas and capacity. This is particularly true of the Nightingale Centenary possibilities which he saw as a tremendous recruiting opportunity and which has lagged painfully and been reduced to miniature for lack of time, and funds and personnel. Our motion-picture film, "An Equal Chance," bids fair to be a special success.

The Library (Miss Bradley, librarian), with its lending and advisory service is now known and operating in nearly every State. When we recall that only a few years ago there was scarcely a book, pamphlet or magazine dealing with the subject of public health nursing to be found in general libraries in any part of the country, the significance of this statement will be apparent. The consent of the Red Cross Bureau of Public Health Nursing to refer all of its workers

to our library center rather than to establish others has been the greatest single factor in its rapid growth. Miss Carr's unique service makes her return to the staff a cause for special congratulation to all our members, as well as the executive and editorial staffs.

A tentative plan for a National Clearing House of Employment for Public Health Nurses was roughly outlined by Miss Haliburton, Occupational Secretary, and presented to the members of the Board of Directors of the National Organization for Public Health Nursing at a meeting held on October 15th. Approved by them, it was later brought to the attention of the National Tuberculosis Association and the American Red Cross.

The main functions of such a Clearing House would be:

1. To act as a coördinating and informative body—direct responsibility for placing being vested in the various employment bureaus of the several States.

2. To obtain a complete record of qualifications, training and experience of all Public Health Nurses in or about to enter the field.

3. The compilation, interpretation and distribution of all statistics relating to employment of Public Health Nurses; the clearing house should have a finger always on the pulse of the public health nursing supply and demand, and be able to give prompt and accurate estimates and regular reports of the number of nurses engaged in generalized

nursing, the number in special branches, prevailing conditions of employment (salaries, etc.) and all other matters pertaining to employment.

4. To aid in the creation and perfection of an efficient system of employment offices to cover the whole country.

If it becomes possible to inaugurate the national clearing house of credentials, as outlined by Miss Haliburton, in coöperation with the other associations, a long recognized need in the field of nursing will have been met.

The policy of decentralization definitely inaugurated with the opening of the central branch office in Chicago and which now includes immediate promise of one in Portland, Oregon, and another in the near future in Atlanta, Georgia, is already opening the way for a larger and better employment bureau service.

The three country demonstrations conducted under contract with the Federal Children's Bureau still represent the most notable work of the Western office. These are now complete and Miss Olmsted's report to the Government promises to be one of the Bureau's most interesting documents and a conspicuous and lasting credit to this Organization. The report will not be available to our members until published by the Bureau.

Even before the latter was complete, our officers were besieged by appeals from a group of citizens of

Chicago representing eight of its leading Training Schools for Nurses, to lend Miss Olmsted for six months to inaugurate and direct a recruiting campaign for student nurses throughout the middle western States. They insisted that a Public Health Nurse was necessary and that recruiting for the training schools was as vitally essential to public health nursing as to the schools and hospitals. In spite of many urgent reasons for refusing their request, which was strongly supported by Miss Thomson, it was finally decided that it was necessary to release her. This new undertaking is now well under way and our staff has just been augmented by the extremely welcome arrival of Miss Stella Fuller. The Chicago office is under her direction, with Miss Thomson still serving part time as associate. Miss Olmsted retains the editorship (ably supported by Mrs. Elizabeth Leavitt) of the Department of Public Health Nursing in the new magazine called *Modern Medicine*, which is not mentioned in her report, because it was opened in January of this year.

The summer institute in Chicago, conducted by Miss Olmsted under the auspices of the Chicago School of Civics and Philanthropy, was another outstanding success of the year, as rated not only by its eighty-eight enthusiastic students and an extraordinary staff of lecturers, but in that it has created a demand for similar institutes from all parts of the country.

Two of our secretaries have made important contributions to the study which Miss Goldmark is making, namely, Mrs. Haasis and Miss Geister.

No words of ours are needed to testify to the work of the editorial staff. The magazine, which is the only part of our work that always reaches all of our members, speaks for itself—and many are the letters of enthusiastic appreciation and gratitude which come to all the offices for its increasingly valuable and helpful pages.

To our Educational Secretary, (who modestly reports one of the greatest single accomplishments of the Organization's entire history, both for its immediate, and for its far-reaching and lasting effects) is due the recommendation, that this Organization undertake to secure a \$150,000 scholarship fund for nurses who were returning from military duty and for 1919 senior nurse students and other specially qualified candidates and that they be made available to all who could meet the requirements without restrictions as to subsequent service. She also urged that a lesser sum be raised for those wishing to prepare to teach public health nursing. This was approved by the Directors—and the request was presented to the Rockefeller Foundation, the American Red Cross, the National Young Women's Christian Association and the Catholic War Council. The Red Cross granted \$70,000 for unrestricted scholarships, to be adminis-

tered by itself, having previously set aside \$30,000 for women who would enter Red Cross Service. A private citizen and devoted friend of the Organization gave \$10,000 for the latter purpose.

The other organizations appealed to replied that they regarded such a fund as both necessary and desirable, but believed they were not the appropriate bodies to supply it, but rather that it was distinctively within the scope of Red Cross activities. It became evident at an early date that all of the post graduate schools were enrolled to capacity for 1919, including all possible extra sessions. Hence the Organization delayed further effort to secure the remainder of the sum till October and then again unanimously agreed to respectfully recommend to the Red Cross that another fund be set aside for 1920. It is well known that this action has been taken by the Red Cross.

It was also at Mrs. Haasis' suggestion that the National Organization for Public Health Nursing invited all State, Inter-State and National Executive and Supervising Nurses to assemble in Cincinnati for a conference on April 30th. Approximately ninety came, including Red Cross Division Directors. The discussions were so helpful that there was a unanimous vote to repeat it in the fall. A report of this Conference appears in the June, 1919, issue of the PUBLIC HEALTH NURSE. However, when autumn came, circumstances clearly indi-

cated that a conference of the Educational Directors of post-graduate courses was more needed. Mrs. Haasis has reported this conference in the February, 1920, issue of the magazine, which conference was judged by all to be so helpful as to justify an annual gathering.

Upon request of this Organization, Miss Zoe La Forge was detailed by the Federal Children's Bureau to make two important studies: the first, in Westchester County, was done upon invitation of twenty-seven separate agencies which had been working independently of each other for two to twenty years or more. The recommendations made by Miss La Forge attached to her convincing report, were unanimously adopted.* There is now a Federation of Public Health Nursing Agencies in Westchester County under a joint Board of Control and directed by an Executive Secretary who is a qualified Public Health Nurse nominated by this Organization. Both the Executive Officer and the Executive Committee continue to counsel with the National Organization for Public Health Nursing in the development of their co-ordinating program.

The second study made by Miss La Forge was that of the nursing service of the National Social Unit experiment in Cincinnati. She was one of eleven national evaluators whose reports formed the basis of a three-day conference held in Cin-

cinnati last September. It led to the adoption by the conference of the following resolution, though two or three important Cincinnati representatives voted in the negative.

Resolution

Resolved, that it is the sense of this conference that the problem of developing a nursing program for communities in America is one which demands not only careful study of the best nursing work everywhere but thorough and intensive experimentation on a district basis, carried on with the best aid and advice which it is possible to obtain. The conference believes that the Mohawk-Brighton District, where the nurses are not only democratically organized but are related also in a unique way to other local groups as well as to all the citizens, offers a peculiarly effective field for such experimentation. It is the opinion of the conference that earnest support should be given to the Social Unit nursing program in order to make the results of its work of the greatest benefit to Cincinnati as a whole, and the entire country.

Four especially important conferences have been held upon our solicitation with the executive officers of the Red Cross, as follows:

1st. A delegation composed of Miss Tucker, President, Miss Wald, Miss Lathrop and Miss Crandall, presented the Organization's request for a \$150,000 unrestricted scholarship grant.

2nd. Four representatives, namely, Miss Tucker, President, Mr. Lucian Breckenridge, legislative counsel to the Organization, Mr. Rorty and Miss Crandall discussed the Organization's purpose and plan for encouraging State Legislation in suitable States looking toward the creation of divisions or bureaus of

*This report was published in *THE PUBLIC HEALTH NURSE*, August, 1919.

public health nursing within State Departments of Health. This was formally approved and endorsed by Dr. Farrand, Miss Noyes and Miss Fox.

This plan later received the approval of the Directors of the American Public Health Association; and with slight qualifications by the American Social Hygiene Association; and by such eminent public health administrators as Dr. W. S. Rankin, Secretary, State Department of Health of North Carolina and now President of the American Public Health Association, Dr. Hermann M. Biggs, Commissioner of Health of New York State, and Professor C. E. A. Winslow of Yale University.

3rd. A conference was held between the nursing executives of the Red Cross and our Librarian which led to a satisfactory arrangement whereby our Library service has agreed to meet the needs and demands of the Red Cross Bureau of Public Health Nursing and its division offices.

4th. Most important of all was the conference on December 5th of representatives of the National Tuberculosis Association, the American Red Cross and the National Organization for Public Health Nursing. Representatives of the several organizations were as follows:

National Tuberculosis Association—Dr. H. A. Pattison, Miss Mary Marshall. Dr. Hatfield was unable to attend.

American Red Cross—Dr. Farrand, Miss Noyes, Miss Fox, Dr. Peterson, Mr. Walling.

National Organization for Public Health Nursing—Miss Tucker, President; Miss Gardner, Professor C. E. A. Winslow, Miss Crandall.

This conference led to the final acceptance in January, 1920, of a joint statement of functions and methods of coöperation such as the Red Cross Bureau of Public Health Nursing or its predecessor, the Town and Country Nursing Service, and this Organization have desired for eight years. It is generally conceded to be an achievement of great promise because capable of producing a new measure of efficiency, economy and strength in the promotion of public health nursing throughout the United States. We have received enthusiastic congratulations from eminent people. Quoting from the PUBLIC HEALTH NURSE editorial concerning this agreement:

"Nothing could promise happier results than this close and well-considered union of these National Associations whose aim is to place human health upon a better level and whose experience fits them to carry forward the great work which they have undertaken together."

The pivot on which the practicability of this honest attempt at co-ordination swings is the conference committee of the public health nursing executives of these three organizations and the final paragraph of the agreement, which reads as follows:

"It is mutually understood that no changes will be made in the procedure outlined in this agreement without the full consideration of the three participating agencies."

Records of Meetings

The full Directorate met on February 28th, March 1st and October 15th and 16th.

The Advisory Council met on November 16th.

Connections with other associations are practically the same as last year—but the tendency toward closer coördination of national agencies is a subject for comment. Since January 1st two new Councils composed of national agencies have been created with purposes similar to that expressed by the working agreement signed by the National Tuberculosis Association, the Red Cross and this Organization. These are a Council composed of agencies engaged in national child health activities and one which will be composed of national agencies engaged in rural work. This Organization is participating in both of these Councils. In fact, such efforts toward unification of work for efficiency and economy are evidence that people have learned the value of team work. This tendency is everywhere remarked as one of the greatest of good things that have come out of the war and its staggering weight of evil and woe. Possibly it is allowable to say that the public health nursing service is one of the most cohesive influences in all the field of public health, whether national, State or local, because the Public Health Nurse constantly points out the inter-relationship and interdependence of the many agencies at work in every

community. Dr. Farrand recently said in effect, The National Organization for Public Health Nursing is like a cross section of all the public health agencies, but does not belong wholly to any. As I look forward and back, I am inclined to say that this is the greatest single contribution this Organization can make to the cause of public health, along with the peculiar service which the Public Health Nurse herself everywhere renders. If, as may be reasonably anticipated, the three national nursing associations realize their hope for a joint headquarters and a united program during this year, that event will mark a historically significant achievement charged with incalculable possibilities.

At the October meeting of the Directors and the November meeting of the Advisory Council, the programs for 1920 which the various departmental Secretaries had carefully prepared, and budgets on a maximum and minimum basis were presented. Both bodies were at first overwhelmed by the rapid growth of the Organization's work as expressed in these reports and recommendations and the incontrovertible arguments showing that still greater expansion would be necessary in 1920 if the Organization were to meet the unprecedented demands created by the war, the epidemic and the Red Cross program. Both the Directors and the Council unanimously voted that the Organization was obligated to raise

the full amount, if possible, and to carry out the full program as outlined.

This program is summarized in the statement of functions published in the February, 1920, issue of the PUBLIC HEALTH NURSE. Some departments have necessarily moved tardily and in a limited way for lack of personnel and funds. It is appropriate to record that this Organization has repeatedly, and, especially recently, even in the face of extreme need, sacrificed its own interests rather than to ask a State or local agency to relinquish an able worker. The immediate future looks particularly discouraging because of the death of Miss Schatz, the retirement of Mrs. Haasis and Mr. Rorty and the transfer of Miss Lent from her work to that of Financial Secretary, and the lending of Miss Olmsted to the Central Council on Nursing Education. But cheering

possibilities are just beginning to present themselves and we would leave with our members as our last word "the best is yet to be" because it *must* be if the Organization is to fulfill its worthy mission which now seems clearer and surer than ever.

In closing, the Executive Secretary desires once more to express her deep appreciation and gratitude for the continued support she has received from Officers, Directors and Staff. Especially is this due to those who have served as President, i. e., Miss Beard and Miss Tucker, because they have given unstintingly of their time and energy and have carried a heavy share of the Organization's ever increasing responsibilities. For the generous consent of the respective Boards of Directors of their own associations to share their services with this organization, we are permanently indebted.

Note

We are very anxious to secure copies of the January and March issues of THE PUBLIC HEALTH NURSE. If any of our readers have copies for which they have no further use, will they please mail them to the Editorial Office, 2157 Euclid Ave., Cleveland, Ohio? We will gladly forward stamps to cover postage.

Report of the Statistical Department

Covering the Years 1918, 1919 and the First Three Months of 1920
BY YSSABELLA WATERS

DURING the past two and a quarter years a very steady and satisfactory increase in the public health nursing movement has been made. Standing pre-eminently at the head of the various sources of these activities is the Public Health Nursing Service of the Red Cross, each division of which seems to vie with the others in stimulating a desire for Public Health Nurses in communities which never before had such a service. State Departments of Health have become very active, and counties are steadily improving their opportunities for showing how much even one nurse with the aid of a Ford car may accomplish.

The Public Health Nursing Schools and the scholarships offered by the Red Cross and other organizations to aid nurses to take public health courses, were large factors in creating an interest in this subject among nurses who had, heretofore, known little or nothing of the possibilities of this special line of their profession. Therefore, the desire expressed by communities for public health workers has been met by a greatly increased interest among nurses for this field of work, to the extent which the following figures will show.

On January 1st, 1916—before we entered the war—there were 5,332 Public Health Nurses supported by 2,102 organizations. In 1917 there

were 6,368 nurses and 2,575 organizations. In spite of the demands made by the Red Cross for volunteers for army and navy service and the very many nurses who responded to the call, January, 1918, showed an increase of 300 new Public Health Nurses over the same month of the previous year, or a total of 6,668 nurses, and 181 new organizations, making in all 2,756 organizations. During the 12 months of 1918, nearly 1,000 new nurses had joined the public health nursing staffs, so that on January 1st, 1919, there were 7,600 registered in 3,145 organizations. The following year shows even a greater increase, as on January 1st, 1920, there were 8,770 nurses, or 1,170 more than in the same month of the preceding year. The first three months of 1920 have carried the figures beyond the 9,000 mark, and if they may be taken as an earnest of what the full twelve months will show, then 1920 will easily become the banner year for the public health nursing movement.

We may well be proud of this record, but while we permit ourselves to feel a certain amount of real satisfaction, it is to be hoped that it will act as a stimulus to even greater effort in the years to come, because our present staff of workers, which soon will number 10,000 strong, is woefully inadequate to cope with the needs of this great

country. Miss Goodrich is anxious to enroll 500 on the staff of the Henry Street Settlement and they need that number in New York City, but the country at large should have as a minimum five times the number now at work, or 50,000 Public Health Nurses, in order that villages and isolated districts may have as good care as the populous cities and towns.

One of the privileges of the statistical office is the distribution of leaflets descriptive of books which Public Health Nurses and organizations should own. During the past three years 2,000 folders of Miss Gardner's "Public Health Nurse" have been sent out in our letters, and the nurses advised that this book should be their daily companion. To industrial nurses and organizations supporting industrial staffs, 1,500 of Florence Wright's "Industrial Nursing" have been distributed. One thousand folders of Miss Brainard's "The Organization of Public Health Nursing" have been sent where they will do the most good, and school nurses have received hundreds of leaflets upon school nursing problems. Mr. Myers of the Macmillan Company has supplied us with a quantity of folders of the Public Health Nursing Handbook series, edited by Miss Gardner.

We send out many thousands of letters every year, and our correspondence covers the States from the Atlantic to the Pacific, and from Florida to the most northern mis-

sions of Alaska. Our latest address in Alaska is 100 miles from the nearest postoffice, called "Chicken," a place just over the border line from the Klondike Region. The nurse writes, "My work as a nurse is mostly general, doing everything I can to help these Indian people. Tuberculosis and syphilis are the two most common diseases among them; everything is done to stop the progress of the one, and to hold in check the other, so that it will not spread." The only means of transportation is by dog team, and everything that is carried from the post office to the mission costs 10c a pound. This nurse pays 50c a pound for sugar, \$1.00 for three lbs. of flour, \$1.00 for three lbs. of rice, and \$1.50 for a pound of tea, and yet she writes in the happiest and most cheerful mood. As the mode of traveling is very expensive they rarely indulge in a dog team trip, and allow the mail and supplies to accumulate until they consider it will pay to send a dog team after them. One wonders what their source of happiness can be? Might not many of us perhaps learn something to our advantage by going to Chicken and indulging in the joys of a dog team trip for a hundred miles to this Indian Mission, and drinking from the fountain head of their peace and happiness? Would it not be well for us to learn at first hand that there is an even higher cost of living than we now know and grumble about, and that after

all there must be many blessings at our command of which Chicken cannot boast? Our sympathy and admiration goes out to the Alaska nurses and to all others—of whom

there are many—who are giving the best part of their lives in working under conditions of great hardship, and far from all that they must hold most dear.

List of Members by States for the Year 1919

The following table of distribution of members by States has been drawn up by the Committee on Ways and Means:

State	Active	Associate	Active	Associate	Sustaining	Total
			Corporate	Corporate		
Alabama	20	1	.	1	1	23
Arizona	7	.	.	.	2	9
Arkansas	9	2	.	.	.	11
California	60	6	4	1	5	76
Colorado	25	3	2	.	2	32
Canada	18	1	.	.	.	19
Connecticut	88	2	12	2	18	122
Delaware	14	2	.	.	.	16
Dist. of Columbia.....	27	.	3	.	16	46
Florida	15	.	.	.	.	15
Georgia	24	.	1	.	.	25
Idaho	10	..	.	1	.	11
Illinois	187	2	5	3	46	243
Indiana	43	2	3	3	4	55
Iowa	63	3	3	1	1	71
Kansas	37	2	1	.	2	42
Kentucky	54	3	1	.	4	62
Louisiana	26	1	.	.	7	34
Maine	20	.	.	.	2	22
Maryland	47	.	4	.	4	55
Massachusetts	272	17	13	6	61	369
Michigan	110	9	8	2	5	134
Minnesota	54	1	2	.	4	61
Mississippi	9	.	.	.	.	9
Missouri	55	5	5	.	7	72
Montana	18	.	.	.	1	19
Nebraska	16	1	1	.	2	20
Nevada .....	..	.	.	.	.	.
New Hampshire	17	1	1	1	6	26

State	Active	Associate	Active	Associate	Sustaining	Total
			Corporate	Corporate		
New Jersey	79	4	9	1	18	111
New York	316	8	12	3	76	415
North Carolina	29	2	.	1	1	33
North Dakota	12	2	.	1	.	15
Ohio	290	12	11	3	56	372
Oklahoma	14	4	.	1	.	19
Oregon	12	.	1	.	1	14
Pennsylvania	216	4	4	1	24	249
Rhode Island	33	3	5	.	16	57
South Carolina	19	2	.	.	1	22
South Dakota	12	..	.	1	.	13
Tennessee	30	4	.	.	.	34
Texas	24	3	.	1	1	29
Utah	8	.	.	.	1	9
Vermont	13	.	1	.	1	15
Virginia	64	2	2	1	4	73
Washington	37	6	.	.	1	44
West Virginia	26	.	.	.	1	27
Wisconsin	63	4	1	3	2	73
Wyoming	3	.	.	.	.	3
War Service, etc.	43	1	.	.	.	44
Total	2688	125	115	38	404	3370

Good Housekeeping for March, 1920, contains an article by Rose Wilder Lane that must, we think, have deeply moved every reader. It is called Mother No. 22,999 and was written to focus attention on the Sheppard-Towner Bill for the public protection of maternity and infancy. Appealing instances of neglect show the bitter need of some service that will reach into the remote sections of this wide land. What England did when she realized the menace of war to her population is put in a few sentences—enforced registration within thirty-six hours after birth, increased maternity and infant welfare work, the number of public health nurses doubled and the number of welfare centers increased to 1,276. Mrs. Lane says, "Public Health can be bought if we pay for it."

In addition to the article is an editorial on the bill and the support which it is receiving. We wonder if nurses are giving whole heartedly *their* support—educating others to give it and if they know that in writing to urge the passage of the bill, they should direct to Senators, Senate Bill 3259; Congressmen, House Bill 1095. A resolution endorsing the bill was passed at the Atlanta convention and is reported on page 478 of this issue.

Officers and Directors of the National Organization for Public Health Nursing

President

Miss Edna L. Foley, Chicago, Ill.

First Vice President

Miss Elizabeth G. Fox, Washington, D. C.

Second Vice President

Miss Jessie Marriner, Montgomery, Ala.

Secretary

Miss Olive Chapman, Denver, Colo.

Treasurer

Mr. James C. Auchincloss, New York, N. Y.

Directors

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Prof. C. E. A. Winslow, New Haven, Conn.

Mrs. Chester C. Bolton, Cleveland, Ohio.

Mrs. Joseph Cudahy, Chicago, Ill.

Mrs. John Lowman, Cleveland, Ohio.

Professional Members.

Miss Mary Gardner, Providence, R. I.

Miss Katherine Tucker, Philadelphia, Pa.

Mrs. B. A. Haasis, Flagstaff, Ariz.

Miss Anne Strong, New York, N. Y.

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Mrs. Barbara Bartlett, Seattle, Wash.

Miss Eva Anderson, Minneapolis, Minn.

Miss Mary Cole, Santa Barbara, Calif.

Miss Julia Mellichamp, Richmond, Va.

Miss Mary Beard, Boston, Mass.

Miss Ruth Babcock, Rochester, N. Y.

Mrs. Ethel Parsons, Austin, Texas.

Miss Adelaide M. Walsh, Chicago, Ill.

Miss Agnes Talcott, Los Angeles, Calif.

Executive Committee

Miss Mary Gardner, Providence, R. I.

Miss Katherine Tucker, Philadelphia, Pa.

Miss Mary Beard, Boston, Mass.

Mrs. B. A. Haasis, Flagstaff, Ariz.

Miss Eva Anderson, Minneapolis, Minn.

Resolutions

Passed by National Organization for Public Health Nursing at First Biennial Meeting, Atlanta, Ga., April, 1920.

JOINT RESOLUTION OF THE THREE NATIONAL ORGANIZATIONS

Whereas, The meeting of the National Organizations of the Nurses of the United States (American Nurses' Association, National League of Nursing Education, National Organization for Public Health Nursing), held in Atlanta, Georgia, in 1920, has been a most interesting and profitable one and has given us an opportunity to enjoy the charming hospitality for which the South is noted; therefore, be it

Resolved, That our cordial thanks be extended to Miss Martha I. Giltner, chairman of the Committee on Arrangements, and to all those who so ably assisted her.

To Miss Van de Vrede and the Publicity Department of the Southern Division of the American Red Cross.

To the citizens of Atlanta who so generously put their automobiles at the service of the nurses on Sunday afternoon, and to the hostess of the delightful tea party which followed.

Our grateful thanks are extended to the Reverend C. B. Wilmer of St. Luke's Church, for the Invocation which gave us strength and courage for the work which lay before us;

To the Mayor of Atlanta who so graciously welcomed us to his city at our opening meeting;

To Miss Mary Kiep, chairman of the Music Committee, and through her to the musicians who contributed to our pleasure;

To Mr. Morse, the song leader of Camp Gordon, for his inspiring leadership in community singing;

To Mrs. A. P. Coles, Chairman of Atlanta City Federated Women's Clubs and

to all who assisted her in making the reception a memorable and happy occasion;

To Colonel Bratton, Commandant, and Miss Agnes Agnew, Chief Nurse at Fort MacPherson, for much hospitality extended to the nurses, and for the delightful entertainment Friday;

To Dr. Ham, for his great kindness in placing the Tabernacle at our disposal, and to the City Council for the use of the Auditorium;

To the Young Men's Christian Association and to the Young Women's Christian Association for their hospitality, and to the ladies of St. Luke's Guild for the delicious luncheons which they served;

To Mr. Jameson and his Boy Scouts for their helpfulness, and to the citizens who opened their homes, donated flowers, and in numberless ways added to our comfort and pleasure;

We most earnestly thank the members of the Atlanta Press who have given such generous and full reviews of our proceedings day by day.

RESOLUTION ENDORSING SHEPPARD-TOWNER BILL

Whereas, The National Organization for Public Health Nursing, believing that protection of maternity and infancy is of vital importance to the welfare of the country, finds itself in full sympathy with the provisions incorporated in Senate bill 3259, therefore be it,

Resolved, That the National Organization for Public Health Nursing express its approval of this bill.

Be it further Resolved, That a copy of this resolution be sent to Julia C. Lathrop, Chief of the Federal Children's Bureau of the Department of Labor under whose auspices the bill was drafted, and also the Honorable Mr. Sheppard of the United States Senate.

RESOLUTIONS OF THE SECTION
ON CHILD WELFARE

Whereas, It is generally recognized that in order to give the pre-school child his best opportunity for health development, nutritional clinics and classes be understood to be an integral part of every child welfare program; therefore be it

Resolved, That the Child Welfare Section of the National Organization for Public Health Nursing assembled at the first biennial convention recommend that a special effort be made to establish such clinics and classes under competent medical direction.

Whereas, Malnutrition is frequently due to physical defects determinable by a complete physical examination; therefore, be it

Resolved, That all children admitted to nutritional clinics should first receive such examination.

Be it further Resolved, That follow-up care be given under the supervision of a Public Health Nurse augmented by the services of a dietitian wherever possible.

Be it further Resolved, That in following out the above recommendations organizations and personnel already in the field be made use of to the fullest extent possible.

Whereas, The work of the school health officer could be made more effective if a complete record of the child's health history and care were available at the time of the child's admission to school, therefore, be it

Resolved, That all child welfare agencies strive to so organize their work and plan their records that this end may be achieved.

Whereas, The present method of record keeping renders comparison of statistics difficult; therefore, be it

Resolved, That a small committee be appointed to standardize certain record phraseology and to make a printed report that shall be available for all Public Health Nurses.

Be it further Resolved, That the chairman of this committee be appointed by the president of the National Organization for Public Health Nursing, and empowered to appoint her own committee.

RESOLUTIONS OF THE SECTION
ON INDUSTRIAL NURSING

Whereas, The rapid development of public health nursing activities frequently leads to confusion of thought as to the various fields of public health nursing, it has seemed advisable for the guidance of both professional and lay people to formulate a definition of the term Industrial Nurse; therefore, be it

Resolved, That it is the sense of the section on Industrial Nursing assembled at the first biennial convention of the National Organization for Public Health Nursing that an Industrial Nurse is a graduate, registered nurse (male or female) employed in an industrial or mercantile establishment or public utilities corporation in the interest of the personnel in matters affecting health and welfare.

Whereas, It is a well established principle in social work that the family is the fundamental social unit, and that all treatment should be based on this principle; therefore, be it

Resolved, That in the interest of a well rounded service the field of industrial nursing be understood to extend outside the place of employment and specifically to include home visitation.

Whereas, The position of the industrial nurse brings her into peculiar and intimate relations with the employee, be it

Resolved, That the industrial nurse can best serve the mutual interests of employee and management when the department or division of health is in close and direct relationship with the management.

RESOLUTIONS OF THE SECTION
ON TUBERCULOSIS

Whereas, It is now a well established fact that practically every individual ac-

quires a tuberculosis infection before adult life, and,

Whereas, This infection may never develop into tuberculosis disease under healthful conditions, yet any illness, mental or physical strain, or any condition which depletes physical strength may lead to the reactivation of an arrested lesion, and,

Whereas, Every nurse whether engaged in institutional, private duty, or public health nursing, should be able to recognize the early symptoms of such development; therefore, we believe that every training school for nurses should give to its pupils such instruction and practical experience in tuberculosis as shall render them as familiar with this disease in its early stages as they are with other medical diseases; therefore,

Be it Resolved, That the Tuberculosis Section of the National Organization for Public Health Nursing recommend to the Educational Committee that it take such steps as may be necessary to introduce such tuberculosis training with special emphasis on the early stages, into the curricula of all training schools for nurses, and

Be it further Resolved, That all courses for the training of Public Health Nurses should include both instruction and practical experience in the tuberculosis field under conditions which shall be approved by the National Organization for Public Health Nursing.

Whereas, Tuberculosis work makes a greater demand upon the resources of a nurse than almost any other form of nursing; therefore,

Be it Resolved, That the Tuberculosis Section make every effort possible to raise the standard of requirements for tuberculosis work, thereby making this work desirable to women who have had a liberal education, adequate nurses' training, and an appreciation of all that tuberculosis nursing means in its largest sense.

RESOLUTIONS OF THE SECTION ON SCHOOL NURSING

Whereas, The Health Service rendered the school child in order to be well-rounded, should include the teaching of hygiene, and,

Whereas, The responsibility for the execution of the hygiene program often falls on the school nurse; therefore, be it

Resolved, That the Section on School Nursing of the National Organization for Public Health Nursing recommends that the teaching of hygiene to the child be included in the program of every school nurse, and be it further

Resolved, That the teaching of hygiene to the school child can be successful only through the close coöperation of the teacher and the school nurse, and the recognition of their mutual responsibility.

*The National Problem of Demand and Supply of Nursing Service

BY CHRISTOPHER G. PARNALL, M. D.

Superintendent, University Hospital, Ann Arbor, Michigan.

IN offering this discussion of a very comprehensive subject, it must be understood at the outset that I claim no special knowledge which qualifies me particularly to pose as an authority. I have been requested to present a paper and in doing so I expect to disclose such ignorance as will create the necessity of compelling you to bring out the real facts. I find innumerable statistics upon the subject which might be used to prove any one of various theories, but which are of doubtful value because they are usually based upon fallacious assumptions.

However, from the records and from the experiences of those who are capable of drawing correct conclusions, it can safely be stated that there exists, at the present time, a shortage, the country over, in nursing service. Yet figures would seem to indicate that there are more pupils in training at the present time than ever before in the history of the profession of nursing. Apparently there never has been an adequate supply of nurses and the demand at the present time surely is greater in comparison with the supply than ever

before. The shortage is, after all then, a relative shortage. It is probably true that during the past year fewer young women entered training schools than in the year preceding, which, of course, may be explained by the withdrawal of the incentive of the desire for service inspired by patriotic motives.

We must bend our energies toward remedying this condition, even though the shortage of nurses be relative, as the demand for skilled nursing is sure for some time to exceed the supply. Doubtless large numbers of new hospitals will be established, because of the now generally accepted view that the hospital is the place in which to treat the sick. Such an attitude on the part of people generally toward the hospital will, in a measure, assist in solving the problem of furnishing adequate nursing service, for after all, the keenest demand in the past has been for nursing service in individual homes.

A number of plans have been proposed, some of which are good; most of them, ignoring the fundamental facts, are, in my opinion, bad. First of all, is the unwise proposal to shorten the period of nurses' training, in the hope that by this means more nurses could

*Paper read at joint session of three National Nursing Organizations, under auspices of National League of Nursing Education, Atlanta, Ga., April 16, 1920.

be prepared for their professional work. While it is conceded by those familiar with nurses' education that much of the time spent in the school is wasted as far as the actual training of the student is concerned, it is just as apparent, on the other hand, that the average nurse of today is not properly prepared. Rather than to shorten the time, we should emphasize the importance of utilizing it to the best advantage.

Some have advocated the lowering of standards of entrance to the training schools. Such a policy would prove a boomerang. It is inconceivable to any thoughtful person that it would result other than disastrously. Young women ill prepared might be attracted, to be sure, but certainly those who are adequately educated could only be repelled, and it is important, in this connection, to recognize the fact that ambition to enter the nursing profession comes with increased enlightenment and intelligent desire to be of service to humanity. Hence larger numbers of recruits can be expected from the more highly educated group of inspired young women than from the class actuated largely by less noble considerations. That this contention is correct is, to my mind, borne out by the fact that a greater shortage in the domestic division of the hospital exists than in the nursing department. Young women are not seeking inferior positions in the service of the hospi-

tal, for they can earn more money outside and under more agreeable surroundings. Student nurses will do maids' work because they are inspired with a higher motive than mere pecuniary gain. The natural result is that most hospitals are taking advantage of the altruistic attitude of the nurses in order to help tide over the period of shortage of domestic help.

While discussing this point, I beg to suggest to you that the shortage is as great in other lines as it is in nursing. Schools have had to be closed on account of the lack of teachers, farms are standing uncultivated because of the inability of the owners to secure labor, communities are raising bonuses to induce physicians to come to them, and managers of industry, college professors, lawyers and clergymen are dictating their inspirations to mechanical contraptions because of the scarcity and high cost of stenographers. The shortage of nurses, then, is only an item in a general dearth of workers in many fields of endeavor, and it is not to be expected that any remedy or combination of remedies is going to give immediate relief. That a readjustment must come I have no doubt, and that we should suggest remedial measures with caution is a large part of the message that I wish here to bring to you.

Another proposal put forth by representative members of the nursing and medical professions

with a fervor which after developments will, I believe, hardly justify, is to establish a second class of nurses. The trained attendant, in the minds of some of my good friends, will furnish the conclusion of our "film" of tragic trouble which will permit us to "live happily ever after." If there were any remote probability that the creation of a second class of nurses would supply the demand for nursing service, I should be the first to advocate the innovation; but I am not able sufficiently to perceive the light to see anything but an opposite result to the one we all desire, if we give ourselves up to the unqualified advocacy of this expedient. There is undoubtedly a place for the attendant and the ward maid, but it is not in the field of nursing, that is, if my conception of the field of nursing is correct. As well to advocate a second and inferior class of medical attendants to take the place of the competent physician, or to urge the creation of a new worker in the field of theology to supply the need for the inspired clergyman; such a worker to be known, perhaps, as a spiritual advisor, second class, or something more euphonious but all to the same purpose. The attendant may assist the nurse, may substitute for her in emergency, but she can never take her place or fulfill her obligations.

What, then, is to be done which will hold out any hope of success in supplying the demand for

nurses? That the demand is relative, as before mentioned, is of no consequence. We need more nurses, and in the future we shall need increasingly more nurses.

Let us return to fundamental facts. At the present time in this country innumerable opportunities are open to young women, especially to young women with education, ability and vision. The institutions of learning are over-crowded. Might it not be logical to assume that if the training school becomes an institution of learning it will attract such numbers of the right kind of young women that we shall suffer an embarrassment of riches? If the training school actually becomes primarily an educational institution and, through adequate publicity, young women can be made to realize that in the nurses' training they will obtain a liberal education, most of our difficulties will disappear. In this connection, the policy of the army in securing nursing service is well worth serious study. Nurses were needed and needed badly. There were those who held that the only solution to the problem was to recruit enormous numbers of young women who could serve, picturesquely of course, as nurses' aids. Fortunately, there were those in control whose judgment was not befogged by the clamor for an immediate solution to the problem as it existed two years ago. The problem could not be solved immediately, any more than it can be

now. However, it was solved expeditiously and logically by recognizing the underlying problems. The standards were not lowered and the outcome was most successful. The combination which secured the result was, the assurance given that a liberal education would be furnished, and the means taken to make this policy known to the young women of the country who wanted to be of service to humanity and who had the necessary qualifications to serve intelligently.

In order to arrive at a reasonable conclusion regarding the necessary educational qualifications of the nurse, one should have a somewhat intimate knowledge of the development of nursing education in the last twenty years. Nursing has received recognition as a distinct profession only within recent years and it is quite to be expected that in the ranks of the profession itself, to say nothing of those outside, there may be widely divergent views as to the future preparation and qualifications of the representative nurse. It has been intimated, even by those who are nurses, that we have gone too far in an attempt to exalt nursing as a profession; that nurses have disqualified themselves by over-education to do the things that nurses are expected to do. Personally, I cannot subscribe to any such view. It has been my experience that, with few exceptions, women who have been the most highly educated

are the most ready to assume the obligations to which nurses should subscribe. If I interpret my experience erroneously, then all of the efforts to raise the standards of nursing service and the educational qualifications of the nurses are worse than wasted, and you who are here may get what consolation you may out of the satisfaction that comes from an honest desire to have been of service, but, having been misguided, you have failed in your mission. Certainly no greater degree of altruism has been shown by any group of men or women than has been apparent on the part of the leaders in nursing of this country. Surely this spirit of service to others has been worthy and just as surely has it not been unfruitful. While it is true that we are in a transition period, the future will justify all of the labor and thought that you have given to establish nursing on an enduring basis.

As I see it, the nursing of the future will be radically different from present or past practice. The change will undoubtedly be for the better, both for nurses and for the public generally. Coincidentally, there will be a radical re-arrangement of the methods of medical practice. The physician of the future cannot give the service which will be expected and which he is capable of rendering, if he works alone. Individualism in medicine must give way to coöperative effort. No one man can cover the

whole broad field of medicine and there is a tendency, already apparent, for the best medical men to gather themselves into groups and in this way enable themselves to render a service to the public that they would be incapable of providing if the individuals of the group worked alone. This is what we have come to term "group practice." In effect, it is medical team work. As this type of practice develops, it is inevitable that something must be supplied to take the place of the service formerly rendered by the family physician. To my mind, this service has not altogether been medical and it is quite reasonable to believe that the thoroughly qualified nurse, either in the capacity of a visiting nurse or on private duty, may supplant, at least in part, the family medical attendant. She will, of course, operate under the direction of competent medical advisors and in no sense can she be regarded as usurping the proper functions of the thoroughly competent physician. The time has passed when any individual may, irrespective of his ailment, demand the undivided attention of a trained nurse. As with the medical practice of the future, so in the practice of nursing, individuals must gather in groups in order more effectively to conserve effort and give service. Such groups, both medical and nursing, undoubtedly will gather about the hospitals, community health centers and private headquarters from

which their influence and their efforts will be directed in service to the community and to the individuals composing it. In developing such a plan for the nursing service of the future, certain analogies may be assumed to the practice of medicine. Here, I grant, is a field for two classes of nurses, but in the same sense as there are two classes of doctors. As we have the practitioner of medicine, we will have the practitioner of nursing; corresponding with the specialist in medicine and the teachers in the medical schools will be the nurses in executive positions, in specialized public health nursing, in institutional work and in nursing education. In other words, instead of a second class of so-called "junior" nurses, I would advocate a class of super-nurses, women with superior education and enlightened views, capable of directing programs of health conservation and of education for the people at large.

I would urge the importance of legislation, designed primarily to protect the public, defining the practice of nursing and forbidding anyone except a registered nurse to engage in the practice of nursing. Similar legislation has been enacted in practically every State in the case of the practice of medicine. With the adoption of higher rather than lower standards and with the necessary legislation here suggested, the attendant may with safety to the public enter the field. The attendant should in no way

be regarded as a nurse. In effect, she should be a domestic with a knowledge of the rudiments of nursing and able, under the direction of a trained nurse, to give such service as is demanded in the home. People who are seriously ill should be treated in hospitals where nursing service is available. The attendant should furnish domestic service wherever it is needed in households in which people may be ill or from which those who do the housekeeping have been removed to hospitals for treatment. In no event must she assume, without supervision, to render nursing service, any more than the nurse should assume the prerogatives of the physician.

To you, who have made the long struggle which has brought the profession of nursing to its present honorable position, I would say that there is no cause for discouragement. It will take time and continued effort to accomplish all of the things that you want to do and that you have planned to carry out. Nursing education must continue to evolve further. The training will inevi-

tably be changed. The special education of the nurse will begin, not in the hospital, but in the college or special school where the time is given over entirely to preliminary instruction. In her first year of special training, the nurse need not necessarily see the inside of a hospital, if such preliminary training is properly designed to meet the after needs. Hospital service will, in effect, represent only the practical training of the nurse. The hospital will get better results and the student an infinitely better education. Perhaps I am over-confident in the prospects for the future, but I know that those of you who are most forward-looking agree with me. After all, your profession, like all others, needs members with vision who are not visionary and who, with an insight into the future, will maintain, without giving ground to movements which at the moment may seem expedient, a firm determination to establish on a strong foundation the profession for which you have given so abundantly and sacrificed so much.

*Some Essentials to Effective Work

BY JANE VAN DE VREDE

*Director of Nursing and Bureau of Public Health Nursing, Southern Division,
American Red Cross.*

IN RECENT years certain words have been often before our eyes, in our ears and upon our lips, —the most common of these being "essentials," "conservation," "efficiency," "increased output," "effective work," "success." The universal use of these terms indicates corresponding needs. Hence it might be well to pause in our deliberations and inquire how a few of these may be applied to our lines of thought and effort.

"What are the essentials?" we ask. We go to Webster for the answer and find the word "essential" defined as "something necessary to the existence; most important; indispensable; pure, highly rectified," while the word "rectified" is further defined as "fully adjusted." We realize how infinite in its meaning one word may be. We do not usually include in our idea of essentials the painful processes of adaptation and adjustment. The time may come when conditions are so much improved that things now considered essential will become mere matters of form.

Alexander Pope said: "The world is his who has patience and

industry." There are many things implied in this statement. First, there must be an ideal and a great devotion to that ideal, which study and training will enable us to attain. Secondly, there must be courageous perseverance to conquer opposing forces, faith in one's ability to overcome them, hope and limitless patience to await results, together with a deep thankfulness for present accomplishments and blessings.

Genuine ideals rule the world. Witness the long line of those who have gone before and whose ideals have made possible our comforts and successes. Ideals demand study and practice. A career will fall quite as quickly as a building if the plans are bad. Standards of service must be set and maintained. Someone has said: "Holding down a job should mean, holding up the standard on which the job rests." Our ideals determine our service and our success. "He who is conscious of a divine mission has learned the secret of perennial power."

Ideals are many and varied. Circumstances and environment determine the degree in which they differ. An old Dutch proverb says: "To the spider, the web is as large, as to the whale the whole wide sea." This is not only true, but, if

*Read before meeting on Rural Needs and Rural Problems, National Organization for Public Health Nursing, Atlanta, Ga., April 14, 1920.

fully understood, brings tolerance, kindness and coöperation.

Our ideals often outgrow our surroundings, and we find ourselves one day conscious of new power, new plans, new purposes, whose source we do not always recognize, but whose compelling force we cannot possibly resist. Nothing illustrates this unseen force more perfectly than the fable of the "Lion and the Sheep."

"A cub lion, as the fable runs, was one day playing alone in the forest while his mother slept. As the different objects attracted his attention, the cub thought he would explore a bit and see what the great world beyond his home was like. Before he realized it, he had wandered so far that he could not find his way back. He was very much frightened, and ran frantically in every direction calling piteously for his mother, but no mother responded. Weary with his wanderings, he did not know what to do, when a sheep, whose offspring had been taken from her, hearing his pitiful cries, made friends with the lost cub, and adopted him.

"The sheep became very fond of her foundling, which in a short while grew so much larger than herself that at times she was almost afraid of it. Often, too, she would detect a strange, far-off look in its eyes which she could not understand.

"The foster mother and her adopted son lived very happily to-

gether, until one day a magnificent lion appeared, silhouetted against the sky, on the top of an opposite hill. He shook his tawny mane and uttered a terrific roar, which echoed through the hills. The sheep mother stood trembling, paralyzed with fear. But the moment this strange sound reached his ears, the lion cub listened as though spell-bound, and a strange feeling which he had never before experienced surged through his being until he was all a-quiver.

"The lion's roar had touched a cord in his nature that had never before been touched. It aroused a new force within him which he had never before felt. New desires, a strange new consciousness of power possessed him. A new nature stirred in him, and instinctively, without a thought of what he was doing, he answered the lion's call with a corresponding roar.

"Trembling with mingled fear, surprise and bewilderment at the new powers aroused within him, the awakened animal gave his foster mother a pathetic glance, and then, with a tremendous leap, started toward the lion on the hill.

"The lost lion had found himself. But for the roar of the lion on the distant hill, which had aroused the sleeping lion within him, he would have continued living the life of a sheep and perhaps would never have known that there was a lion in him."

The Great War, just ended, has wrought wonderful changes in the thousands of nurses who marched away to care for the wounded men of our American Armies. They have waked up to the fact that they are not sheep but lions. War was that experience which touched a hidden spring within them and awoke in them the knowledge of their powers and possibilities. It is not strange that some of the nurses who ministered daily to several hundred seriously wounded men can no longer be content to nurse one patient. No—they have become aware of their powers, and they are finding satisfactory expression in the great field of public health nursing.

But she cannot hope to effect such rapid changes through her work. She must not heed too closely the modern outcry for *Results—Results!* "Show me your results," says the financier, the captain of industry, the professional man, or the philanthropist.

To the earnest worker, however, whose ideals are broad and whose vision ends not with the stars, the means by which these "results" are reached must ever be of the keenest interest. In no profession or enterprise is this more vitally true than in all matters relating to public health work. Yet here, as elsewhere, the same basic principles that culminate in successful achievement may be applied.

There is an unfailing source of inspiration in study and training.

The weary road of practice is blazoned with theory and principle. We found them in our early days at school, in the making of our first piece quilt, in our higher education and in the laboratory.

In our special school of the ward and in the class room they were there with redoubled strength. But we recognize them in after years as the keystones to success.

In the history of Paderewski's success we learn that he often played a single phrase of music 300 times before he was satisfied with it. We are all familiar with the 606th experiment of Ehrlich. Have you ever thought what dire consequences would have come to millions had he stopped after trying 605 times? Such examples should spur us on through the most tedious routine.

It may be the last lap of our training—the course in public health nursing, that shall bring that fullness of understanding and that widening conception of our profession, the lack of which has heretofore stood between us and success.

An interview with the highest salaried business woman in America was recently published in one of our daily papers. She is paid \$40,000 a year for her services. This woman has done most successful work. The methods she employs are given as follows:

Select your work.

Learn everything possible connected with it.

Look ahead—develop “vision.”

Don't try to do everything yourself.

Head up — Smile — and *Don't Rush.*

Don't try to be a man.

It is interesting to women to note that emphasis is laid on feminine qualities. In our profession fortunately we are kept womanly by its very practice. No amount of purely technical training can become a thoroughly effective instrument of service unless it be coupled with an opportunity for practical demonstration. In a great measure the reverse is also true. The World War has afforded innumerable examples, for often women have come to us without training or knowledge, recognizing almost with agony their limitations.

Public health nursing demands the application of business principles, but calls for infinitely more of hope, faith, courage, perseverance and understanding. In the words of St. Paul, it must be, “All things to all people.” Whatever else it demands, it always calls for work. Carlyle has said, “Even Genius, so often regarded as a divine gift, is merely a capacity for taking infinite pains,” and this capacity, fortunately, we all possess. Carlyle, perhaps, was a dreamer of dreams in some ways, but his fundamental theories were sound. Again, in writing of work he says: “An endless significance lies in work—in idleness alone is there

perpetual despair”—despair for the individual, and despair of attainment.

The value of consistent and conscientious work is recognized by all. A noted international educator in a great technological school was once asked what he would feel impelled to say to students if he were given but a single moment to speak. He answered without hesitation, the one word, “*Work.*” The power to work is a God-given heritage, ranking second only to the power to think and reason. Work guided by a mind well stored with information and a will directed towards a desired end may remove mountains and procure the success for which we strive.

“All that is worth having is worth working for.” Axiomatic as this statement is, it will always bear repeating. Doubt, dread and discouragement beset us all, and despite our best efforts to be optimistic, there will always be times when we wonder whether the end justifies the means and whether our struggle and effort really attain something worth the fight. At such times it is well to remember that the effort itself is worth while. The world is always made better by every effort toward the improvement of conditions and the righting of wrongs. There is no question of its beneficial effect upon individuals. Of it we may say, as Longfellow said of affection, “If it enrich not the heart of another, it returns again to the fountain.”

Surely the human spirit needs enrichment of this kind to maintain its strength and power.

I think nurses are naturally full of hope and faith—faith in God and man. Perhaps it is because their work brings them in such close touch with the eternal verities. They see "Truth crushed to earth" arise again. They face the times when "earthly power seems likest God's" in creation, in endurance, in transcendent faith and goodness. They hope when others doubt. They work when others sleep. They will when those whom they serve are too weak to do so. And consequently they know success more often than failure. Daily they see "the good come out of Nazareth." The subtle changes in conditions are milestones of courage and perseverance. Understanding, or tact, which is only "common sense reduced to a fine art" is paramount. We have had many peers in this art in the profession of nursing. Unfortunately we have few written biographies of nurses. Of Florence Nightingale, the idol of every true nurse's heart, her biographer says: "The secret of her success was in her ability to make people do what she wanted them to do." Someone has given a definition of a friend as "one who makes you do what you can." Perhaps that is one reason why the Public Health Nurse is the real friend to so many. She makes peo-

ple do what they can. People gravitate to her because she has faith in them. She expects something of them. Hers is no missionary errand, but that of the adventurer and explorer, who discovers the God within.

Those of you who live in the West know that because of the rarified atmosphere, as you look down a railroad track, you can plainly see the next station—and you think, while you wait for your train, you could easily walk to your goal. Try it and you find it seems farther away as you walk. It is this vision of accomplishment that makes nursing so absorbing and interesting.

Cabot says: "Sincere intentions left unfulfilled despite our best efforts, are perhaps the most valuable parts and the best fruits of character." By this measure nurses should not only be "Angels with hands" but with wings. One of the greatest things said of Florence Nightingale was that "She counted less the past advance than the future way." The measure of our work depends upon whether we take it by looking backward or by looking forward, by looking on what has been accomplished or on what has revealed itself to be accomplished.

When one has reached the top of the hill, one is still a long way from the stars. But the pursuit of

what seems unattainable makes the work the more attractive to the worker. It is like a great game, and because we can, after a time, see results, we love the game. Again Cabot says, "To make labor worthy—service and return must occur within such a span as the imagination can bridge, else we have not work but drudgery." So it was often to us in the early days, when we could not see the relation of the scrubbing and cleaning to the white gown and cap of graduation. Then we had not learned that drudgery may be, after all, a stepping stone to culture and attainment.

All true nurses must hear in every call of humanity an opportunity to answer, and we who work

with the tools of training must also cultivate the sixth sense of intuition, if we would anticipate a need and meet it as soon as it appears. Often opportunity seems illusive and hesitant—it lurks in far corners and dim outposts. But to those alert and ready it will surely come if we keep the door of our minds open.

In nursing, as in perhaps no other profession, should heart and hand combine with mind and soul to forge the magic master key which shall unlock the portals to a universal service that shall bless mankind. To forge the Magic Master Key and keep it bright by use, means true success to any Public Health Nurse.

Order

What comfort, what strength, what economy there is in order—material order, intellectual order, moral order.

To know where you are going and what you wish—this is order. To keep your word and your engagements; to have things ready under your hand, to hold your means and forces at a "ready"—all these are simply order.

To discipline your habits, your efforts, your wishes; to organize your life, to distribute your time, to take the measure of your duties; to employ your capital and resources, your talent and your chances—to do all this with profit is to know the meaning of the word ORDER.

Order means light and peace, inward liberty and outward command; order is power.

(From "How To Be Personally Efficient in Business.")

*Private Agencies

Their Place in the Development of Public Health Nursing

BY MARY S. GARDNER.

HAS the privately administered public health nursing organization still a place in the new and enlarged conception of State and municipal work about which we have been hearing tonight, or are we gathered together to bid farewell to an old friend whose labors are over and who should now seek an honorable retirement living only in the grateful remembrance of those who have been served?

Such a fate is no mean one. Indeed, nothing better could be asked either for an individual or an organization than a life of usefulness which ends in a relinquishment of responsibility to those who will assume it in a broader or better way. That the new way may be wholly different from the old way is sometimes disconcerting, but even a most superficial reading of history or biography brings out the fact that many of our best social structures are built on foundations planned and begun for quite other purposes. New methods, however, are no more good, merely because they are new, than are old methods merely because they are old, though the present swing of the pendulum of opinion lays emphasis on progressiveness somewhat at the expense of con-

servatism. The position of the private organization for public health nursing is in many ways stronger today than it ever was before, but the growing tendency toward a public control of many of the conditions of community life is naturally making itself felt in the field of public health nursing. It is to be expected that a public opinion which countenances present legislation on child labor, hours of women's work, housing, etc., and which in some cities goes so far as to advocate municipal ownership of street cars, telephones, ice and storage plants, recreational equipment and other so-called public utilities, should also stand for a very complete assumption of governmental responsibility in matters of health. Because this is so evidently a trend of the day the problem should receive more than an easy acquiescence, lest on the one hand unconsidered action undo the work of years, or, on the other, progress be retarded by failure to realize that the cause of public health nursing, like other causes throughout the ages, is best served by different means at different times.

There are those to whom the often inelastic methods of governmental bodies form an insuperable drawback to their administration of a new and actively developing work like public health nursing, and many also who tremble at the dangers

*Paper read before joint evening sessions under auspices of the National Organization for Public Health Nursing, Atlanta, Ga., April 14, 1920.

evoked by that dragon of uncertainty vaguely known as politics, a dragon which in their minds is at best but lightly chained and stands ready at any moment to break loose and demolish whatever good work may have been accomplished.

There are others who feel that since, theoretically at least, health is a State responsibility, no time should be lost in turning over to the State the working out of the details of this responsibility in full. The former group would have all private bodies hold tightly to their prerogatives, fighting, if need be, for the right of protection from State or municipal interference; the latter group would lose no time in stimulating public authorities to recognize and assume this responsibility.

Between these two groups of extremists are other two, one feeling that eventually all public health nursing work should be publicly administered, that it is not only theoretically right that this should be the case but that practically also it will in time bring about a better form of administration. They feel, however, that for the present any wholesale relinquishment of private initiative would be untimely, and disadvantageous to the best progress. They therefore advocate a gradual turnover, looking always to the day when the private organization will have accomplished that enviable feat known as "working itself out of a job." The last group in its present outlook is at one with the preceding group, but in regard to the future there is a distinct difference of

opinion. The latter, though readily granting the responsibility of the State for public health, believes that not only now, but in the future, there is a place for the private organization, a place that can never be filled by even the best and most carefully administered public agency.

Of the two first groups, those who would keep, and continue to keep, public health nursing entirely in the hands of private agencies, and those who would as resolutely place it all immediately in the hands of State or municipality, a few questions may perhaps be suggestively asked.

Do the advocates of the retention of all work by private agencies believe that a private body can ever expect to so expand as to cover the entire field of public health nursing? Is private financial support likely to be forthcoming for such expansion? What private agencies exist, or can be brought into existence for any adequate handling of the work in rural communities? Can we hope through private initiative alone to place health education on a par with other forms of education? As a matter of practical administration are not certain forms of public health nursing, notably school nursing, inexorably connected with municipal boards of health or education, and if this is so, is it logical to so widely separate responsibility for the health protection of a child at an arbitrary line drawn between his sixth and seventh year? These and other questions should be searching-

ly asked by those who would withhold public health nursing from public control.

It is not the conservative alone, however, who is likely to err in judgment. There is equal danger in a too great precipitancy. Let those who would instantly place work, which is perhaps at its most crucial stage of development, in the hands of a half awakened board of health, merely because theoretically that is where it belongs, search their hearts with an equal earnestness. They, too, will do well to consider certain aspects of the situation. Are States and municipalities ready for such work? If they are not ready how much will be sacrificed and in what will the sacrifice consist? Will too great a price be paid in loss of momentum? Are public bodies ready to make use of the valuable contribution of time, thought and enthusiasm now rendered to private organizations by interested citizens, and will it be placed at their disposal? If not, what safeguard can be erected against so-called political interference? Will governmental bodies so organize their work as to attract and retain the best type of professional worker? How serious is the danger from a change of administration which may completely reverse a constructive policy?

An honest effort to look the matter squarely in the face cannot fail to result in an acknowledgment that there are many pros and cons to be reckoned with in any thoughtful consideration of the subject. For this reason the majority of

nurses are perhaps divided between the two last groups of which I have spoken, those who, though believing in an eventual withdrawal of all private agencies from the field of public health, would yet set about the task of readjustment slowly in order to minimize difficulties, and those who believe that even when all has been said and done for municipal or State control the private organization will still find a part to play in the public health nursing movement. Any discussion of the advantages of the private versus the public agency would seem as futile as the time honored discussion concerning the relative value to the world of men and women. In both cases they are different, with different inherent attributes as well as different personal appearance. To carry the analogy further, what the man does for society the women cannot do, and vice versa. What the public agency can do for the public health movement the private agency cannot do, and again vice versa.

Possibly tradition unconsciously plays a more important part than is always recognized in giving to both the public and the private agencies points of view which are each supplementary to the other. As one of the English reconstruction bulletins points out, the tradition of publicly administered health work stretches back to a period when the actuating impulse was fear, fear of two things, the spread of disease from the sick to the well and fear of increased taxation for care of the disabled. To avoid these two calami-

ties public health legislation was originally enacted. We have travelled far since the first beginnings. Fear is perhaps called by other more modern names, but protection and prevention are still the foundation stone of the work of public bodies and most boards of health are left exceedingly cold by any appeal for funds to carry on purely alleviative work. The older private nursing associations, on the other hand, were in most instances primarily established for this very purpose. "Established for the purpose of caring for the sick poor" is to be found on the first page of most of the annual reports of twenty or thirty years ago. Prevention of disease was a later and originally a secondary consideration, and even yet most visiting nurse associations find the easiest appeal for funds comes from sympathy with the work of caring for the actually sick rather than from appreciation of the value of preventive work. Publicly supported nurses do, of course, sometimes give bedside care, and privately supported nurses occupy themselves constantly with instructive work aimed at the prevention of disease; nevertheless, the fact remains that emphasis, true to tradition, is somewhat differently placed by the two types of governing bodies and no community is properly served which omits either emphasis. A people must be both instructed in the prevention of disease and tenderly and skillfully nursed when in spite of all efforts they succumb to it.

Perhaps, in a word, the most valuable function of the private organization of the future will be found to lie in supplementing the work of public bodies in starting and in relinquishing pieces of work, in emphasizing special phases or points of view, in checking by parallel efforts standards of technique, and particularly in daring excursions into untried realms. There can be no doubt that a private agency is peculiarly fitted to enter experimental fields and to secure through elasticity of method experience in new lines of work, so furnishing to public bodies out of that experience both examples and warnings.

The future can never be predicted, least of all at a time when the world is passing through a period of unprecedented readjustment. It is difficult even to know what is desirable from day to day. A short experience of health work in a foreign country, however, where private organizations, as we understand them here do not exist, leads me to believe that it would be a very real calamity if our private health organizations went out of existence in this country. I would say, let us by all means further the assumption of public health nursing by municipalities, counties, States and the Federal government, but let us at the same time make all possible use of those attributes of the private organizations which have not their prototype in governmental agencies. What those attributes are will depend on the individual private agency and on the public body

whose work it will supplement. In some instances it may be necessary to make radical changes both in function and in methods of work. Whole fields of endeavor may be turned over to public control and wholly new fields entered.

If, as is to be most earnestly hoped, the same public spirited citizens, both men and women, who

have so long given of their time and thought to private organizations will continue their labors in behalf of the municipality or State, a division of responsibility can undoubtedly be arrived at which will in time produce that greatly to be desired Utopia, a country with a truly adequate public health nursing service.

*The Public Health Nurse and the Extension of Maternity Nursing

BY ANNE STEVENS

General Director, Maternity Center Association, New York City

OUT of the increased attention to our shocking infant and maternal mortality rate has grown what the obstetricians are pleased to call a program for adequate maternity care. This program, I may say, is like Robert Collyer's creed. You know he always said, "My creed is like my railroad ticket, for this day and train only. In the light of newer knowledge I may wish to cancel it."

The part the Public Health Nurse takes in this program depends entirely on the members of this Organization. The obstetricians offer us a very large part. Will we accept what they offer or will we, as do the medical schools and hospitals, make

maternity a Cinderella in our family of health responsibilities and opportunities? I want to go over this program step by step and leave with you some questions for your thoughtful perusal.

The first step is Prenatal Care, by which is meant care for the baby before birth by securing health and happiness for the mother throughout pregnancy. The aim of this care is to bring the mother through pregnancy with the minimum of mental and physical discomfort, so that she may arrive at the termination of that pregnancy in the maximum of mental and physical fitness with the reward of a truly well baby who has a 100% chance to live and develop and enjoy the life of a useful citizen.

How is this health and happiness to be secured for every pregnant mother? First, by a complete examination as early in pregnancy as pos-

*Paper read before session on Newer Fields of Public Health Nursing, National Organization for Public Health Nursing, National Nurses' Convention, Atlanta, Ga., April 13, 1920.

sible. This examination to include not only a thorough physical by a competent physician, but an analysis of the environment in which that pregnant mother lives. Second, a correction of all defects, physical and environmental. Third, sufficient observation of the patient so as to discover the first symptom of any abnormality in order to prevent its further development.

The second step of the program is the delivery of the mother under the direction of a skilled obstetrician, and the registration of that birth. This necessitates the careful supervision of all midwives, the better preparation of all medical students in obstetrics, or else the elimination of the private practitioner from the right to deliver any woman.

The third step is medical and nursing supervision throughout the post partum period, and by post partum period is meant usually at least six weeks, not ten days or one month, as one might suppose from conditions existing today. This necessitates the establishment of some form of household service, such as home helps or working housekeepers, who would take the mother's place in the home until she is strong enough to resume responsibility for the care of the household.

The fourth step is a post partum examination with arrangement for further care when necessary, and the registering of the baby at a Baby Health Station, unless he is under the supervision of a private physician.

The fifth step is an accurate record of what is found, of what is done, and of what is the result of the care given. This last step is necessary, because so little is really known of the causes of infant and maternal deaths. We do know that approximately one mother dies for every 150 to 200 babies born; that 4% of all babies born are born dead, and 4% of those born alive die before they are one month old. We do know that conditions which surround the mother during pregnancy and at delivery are responsible for most of these deaths, but whether bad housing, bad food, bad hygiene, lack of peace of mind or lack of medical and nursing care is the most important, we do not know. We can only learn by carefully recording conditions we find, what we do, and the result we get, so that our records may show us the next step. In the light of this newer knowledge we may amend this program as I have given it to you.

And what part has the Public Health Nurse in all of this program? The first step, the prenatal care, is almost entirely dependent upon her. It is she who must find the patient early in pregnancy; who must gain her confidence, who must banish her fear. It is she who must teach her why she needs medical and nursing supervision. She must then interpret to her the findings of the doctor's examination. She must see that the patient returns to the doctor as often as he desires. She must, in her observation of the patient, heed every

danger signal as soon as it flashes its first warning, and arrange for proper care to prevent the development of abnormalities. It is she who must teach the patient what to eat, what to wear, how much exercise to take, how much sleep she needs. It is she who must study the environment of the pregnant mother and learn of every factor which disturbs her peace of mind; then, working with every organization in existence, she must remove that disturbing factor. She must teach her how to prepare for her baby, how to care for him when he comes, how to safeguard his best food long before he comes. It is she who must help to teach the community what prenatal care means and why it is necessary, so that every man and woman in every community will demand this care for every pregnant mother.

This is no small responsibility for the Public Health Nurse. How are we to meet it? Can we meet it with the knowledge the nurse now has when she leaves her training school, or shall we ask of the training schools that they give to the nurse a fair share of her three year's time in preparation for this one type of nursing which exists in every community at all times; or shall we provide for post graduate training and, if so, where? Shall we care for it by a generalized nursing service where almost always the educational and preventive work must be put aside under pressure of sick-a-bed nursing; or shall we provide for it by a spe-

cialized nursing service with adequate teaching and supervision?

The nurse's part in the second step of the program shows almost less preparation on the part of the nurse when she leaves her training school than does the first step. No skilled obstetrician wants to direct the delivery of any mother without the help of the nurse, and certainly no woman should go through her delivery without the comfort of the skilled help of the nurse. Is the nurse prepared to give the same skilled help to the mother whose baby is born at home that is given by several nurses and doctors to the mother whose baby is born at the hospital? Is she prepared at the same time to render to the obstetrician the assistance which he needs? Will we develop this nursing service by a staff of nurses working on eight-hour shifts, or will we impose on the nurse this most trying duty after eight or ten hours' regular work in the district?

The nurse's part in the third step has been in many places more nearly met, but there still is something for us as Public Health Nurses to consider and for which we must find a remedy. I speak from the experience of the last two years in interviewing many nurses on the possibility of their doing maternity nursing and the answer is almost universally the same, "I am interested, Miss Stevens, but I couldn't do it, because I don't know obstetrics." Or, "I would like the teaching work, but I hate obstetrics." Isn't it ignorance of the

important part the nurse can play in the care of the mother and baby that makes her hate obstetrics? To me, maternity nursing is the one opportunity we childless nurses have to make a living contribution to the next generation. No nurse can look at a little baby and know she has helped start that baby in life without a handicap and then hate obstetrics. Don't they hate obstetrics because they don't know how to detect the symptoms of conditions which may result in later operation and invalidism for the mother? Does the average nurse know how to teach a baby to nurse? Does she know the thousand and one little details to which she could give her attention and add to the comfort, health and happiness of that mother and that baby? I think you will agree with me that the majority of nurses do not know. It needs no thoughtful perusal to reach this conclusion, but the remedy for it does need our most careful consideration. Shall we provide the necessary household service or does that responsibility rest elsewhere? If the lack of such service lessens the real value of our prenatal nursing, is it not really our concern?

The fourth step, post partum examination and the care of the baby at the Baby Health Station, is, again, almost entirely dependent upon the nurse. It is she who must teach the patient the reason for that examination. She must interpret to the patient the doctor's findings. She must make the arrangement for further

care whenever further care is necessary. She must teach the mother the value of the regular visits to the Baby Health Stations. Her teaching must be very well done if the mother is to take the time to dress one or two other children, and leave her usual cares to go and wait her turn at the Baby Health Station in order to have her perfectly well baby kept well. It is comparatively easy to persuade a mother to do the things we suggest for her sick baby, but to persuade her to take the ounce of prevention for her well baby requires all we can bring to it of skilled teaching and personality and persuasive powers.

The nurse's part in the fifth step of the program, the keeping of records, we are daily considering of more and more value. If we stop to realize how very few records of several month's observation of a pregnant mother and the result of that pregnancy are available anywhere in this country, the irksome task of keeping records will become a real joy. We cannot change the economic plan, or, it may be, the conditions which exist for lack of a real plan, except by a very slow process. But we can keep such a record of our medical and nursing care as will point the way for the next development in this program. For our part in this step of the program we can go for assistance outside of our own profession. We must consult the statistician and the trained investigator as to how to make our records and

just what to record and then we must learn from them how to keep these records and how to interpret them.

Let me beg of you, every one of you, do not make a Cinderella of your opportunity for maternity care.

I am asking it not so much for the sake of the program for adequate maternity care in which I am so keenly interested, as for the happiness which I know will come to you, if you harbor no Cinderella in your household.

*The Need for Training in Tuberculosis Nursing

BY MARY E. EWALD
Catawba Sanatorium.

IN the average modern hospital we find the student nurses receive training in about the following subjects: Medical and Surgical Nursing, Obstetrics, Diseases of Children, Bacteriology and Dietetics. In a small percentage of these hospitals they receive some practical instruction in visiting nursing and social service work. Under Medical Nursing they receive a prescribed number of lectures on Tuberculosis. These lectures in the majority of cases give them the barest real knowledge of the disease which is the most prevalent one with which we have to deal and which constitutes today the greatest menace to the public health.

The students are graduated from their training schools with this limited, theoretical knowledge—both limited and theoretical be-

cause very few of the hospitals take cases of tuberculosis if they know it. Consequently there is no practical training, even as it could be obtained in a general hospital.

Those of us who have specialized in this work can look back over our training school days and remember case after case, admitted for other causes, who had the most glaring symptoms of tuberculosis. They coughed into our faces without covering their mouths and used white enameled sputum cups, which were a source of great danger to those handling them. We know now that people do not cough and bring up secretions from the respiratory tract unless there is some diseased condition. We know they do not have frequent colds and a "cough every winter" unless there is some real reason for it. How many of us were taught that the mouth and nose should be closely covered when coughing or sneezing? This, it would seem, should be a precaution used by everyone,

*Paper read before Tuberculosis Section, Informal Conference of National Organization for Public Health Nursing, Atlanta, Ga., April 10, 1920.

from a simple sense of aesthetic cleanliness. However, when we take especial notice we find very few people doing it.

The illness and loss of life due to the influenza epidemic, could, in all probability, have been lessened enormously if the precautions used in tuberculosis sanatoria could have been suddenly and forcibly instilled into the minds of all persons suffering from influenza.

At the Virginia State Sanatorium during the 1918 epidemic there was an incidence of 6 per cent of the patients, while 40 per cent of the employees and 70 per cent of the members of a prisoners' camp situated on the sanatorium grounds had influenza. Does not this show rather clearly that those who were careful escaped?

Tuberculosis in the early stage, at the time when it should be discovered by those to whom the responsibility belongs, is about the most curable and the least dangerous, if properly cared for, of all infectious diseases. Yet how few of us, from our general hospital training, know that this is true?

A graduate nurse of today would not consider for a moment taking up a special line of work, such as one finds, for instance, in the numerous divisions of public health nursing, without some special, practical training for her particular branch.

But, so far, it does not seem to occur to many of these nurses that they need specific, practical training for one disease that is at the bottom

of a tremendous amount of the poverty and shiftlessness and unhappiness with which they will come in contact.

The symptoms of incipient pulmonary tuberculosis are characteristic and unmistakable and should be familiar to every nurse. They are slight elevation of temperature, malaise, hemoptysis, loss of appetite and weight, cough and expectoration. All of these may or may not be present. The sputum in most early cases is negative. The physical signs in the chest are discovered, at the present time, only by the doctors who have made a special study of the early diagnosis of pulmonary tuberculosis.

The treatment for this incipient condition is quite different from what many of us suppose. It is not just a change of occupation, going to the country and probably giving up work altogether, to "rest up." It is treatment in a sanatorium with rest in bed in the open air—rest of body and mind, as far as possible—carefully regulated exercise under the physician's supervision, and good simple food, with right methods of living. Above all, the sanatorium program includes instruction in precautions that prevent the spread of tuberculosis.

These precautions include: First, the proper disposal of sputum. The germ in pulmonary lesions is transmitted entirely through the sputum and mouth and nose secretions. If, therefore, this is managed properly, we have the disease under control, so far as transmitting it is concerned.

Next to this, under the same heading, is emphasized the covering of the mouth and nose with a properly folded gauze handkerchief when coughing or sneezing, the used side of the gauze folded in. The frequent washing of hands, keeping fingers out of the mouth, and away from mouth and nose and the careful disposal of everything coming in contact with the mouth—these are, also, lessons in the primer of the tuberculosis school. The germ, to be transferred from one person to another, must first reach the fingers or hand or in some other careless way be left for some one to pick up. All this sounds very simple and easy, but it has been found that it takes several months—about six months for the patient of average intelligence—to acquire the knowledge that will enable him to keep in good condition and discharge his responsibility to his fellow man. It likewise would take several months for a nurse, unfamiliar with the disease, to acquire the working knowledge she should have.

While a tremendous amount of good has been accomplished by the anti-tuberculosis campaign, we have reason to believe that so far we have only touched the high points. A great work lies around us, unnoticed and unrecognized, in anaemic, pre-disposed children and in numerous other persons in a "run-down" condition. Probably the biggest step the National Tuberculosis Association has ever taken was the beginning of the crusade among the school children.

I believe the reason for a great deal of apparent lack of interest in this subject is due to fear. Many persons are afraid of contracting disease themselves and they want to keep away from it as far as possible. Many still believe that the idea of tuberculosis being curable is a myth. This is bound to be the attitude of a great many members of the medical and nursing professions, or they would be more enthusiastic about devoting a few months' intensive study to so great a cause.

Those that scoff at the idea of tuberculosis being curable are right to a great extent. It is not curable after a certain point. In discharging patients from the sanatorium the doctors do not use a stronger term than "apparently cured." But in the early stage the improvement and return to health are wonderful and most surprising. Patients are often better and stronger than they have ever been in their lives before.

From data recently secured from Catawba it was found that the earning capacity of the ex-patients amounted in two years' time to \$1,000,000. The entire cost to the State of the institution and its maintenance during its ten years of existence has been only \$850,000, showing that if viewed only from an economic standpoint the work has been a good investment.

At the Virginia State Sanatorium we have a training school, giving a two year course in tuberculosis nursing. In looking towards mapping out a plan of affiliation for the third

year's work we found the fear of tuberculosis the greatest obstacle. One surgeon, in charge of a hospital, in talking to me, said: "We couldn't take your nurses. I believe the fact of their having had tuberculosis would have a bad effect upon our patients. They would be afraid of them." Yet this same hospital takes our patients for surgical treatment, without any comment. Oftentimes, too, they are patients who have not been in the sanatorium long enough to be familiar with the precautions they should use.

The attitude of this hospital is characteristic, in a small way, of the public. Things are sort of taken as a matter of course with regard to the disease, until it is shown up in a definite, concrete form, as in the case of a pupil nurse from a tuberculosis training school. She is sailing under her true colors. It is generally known that she has had tuberculosis, and she is to be shunned! But the careless patient is the patient, just like many others, who is admitted every day. Very little attention is paid to the fact of whether or not she has tuberculosis of the lungs.

Another phase of the attitude of the public is shown in the fact that, in order to hold their positions, sanatorium ex-patients have sometimes had to refrain from using their sputum cups and from taking honest precautions. Before they come for treatment they can cough carelessly and in some cases expectorate carelessly and nothing much is

thought of it. But, after they return home and try to live up to the precautions taught them, they sometimes find people so afraid of them that their lives are made miserable. An honest, conscientious person who has had sanatorium training is about the safest one we could be thrown with. He has tuberculosis and knows it; but the number of persons who have it and do not know it are the ones who are spreading the infection.

What is sadly needed is for everybody to realize that this is not so much a disease as a condition. It isn't just a family here and there that has it. There is scarcely a family anywhere that has not suffered from it. It is everybody's problem, not just the problem of an unfortunate few. The physicians who are making a life study of tuberculosis believe that most people are infected in childhood. Many of them go through life without ever having a breakdown. Their breaking down depends on other causes, such as overwork, worry, dissipation, or the pulling down of the body's resistance by some other disease.

If the cases could be discovered early and treated early, even before the appearance of many of the symptoms, the condition would respond to treatment in the most wonderful way. But on the other hand, if it is allowed to go on to the second and third stages, it is impossible to know what a vast difference this will make to the patient, unless it can be observed personally. It means a year

or two years or more of staying "on the cure," with all that involves of patience and suffering and money.

In Virginia we have secured affiliation for our graduates for one year general hospital work in three of our best hospitals. This makes them eligible for the Board. So far, however, we have had no request for an exchange of pupils. The State Board of Health is opening another sanatorium quite near and in connection with the State University. This, in all probability, will start this movement in our State.

I am so glad of this opportunity to urge this section of the National Organization for Public Health Nursing to make this matter of affiliation a special point of attack. We need to try to impress it upon the Superintendents of Schools of Nursing and try to secure this important training for our student body. To show them that this knowledge must be had in a practical way, from liv-

ing it—that it cannot be learned from books. We need to teach the pupils the meaning of prevention, that magic word that holds so much of human welfare and happiness; to actually show them the tragedy of the months and months of hopeless, needless suffering; to impress upon them the fact that one in every seven deaths and, between the ages of 20 and 30, one in every three are caused by this disease—and that these deaths are preventable.

The tired, suffering bodies of the patients will cry out to them, as definitely as did the dead in Dr. McCrae's beautiful poem:

"Take up our quarrel with the foe,
To you, from falling hands, the
Torch we throw,
Be yours to hold it high:
If you break faith with us who die,
We shall not sleep, though poppies
grow
In Flanders' Fields."

Meeting of the American Public Health Association

The date of the annual meeting of the American Public Health Association, which is to be held in San Francisco, Calif., has been changed to September 13-17, 1920. This change was necessitated by a California State election on August 30.

Suggestions for Establishing Joint State Public Health Nursing Committees

*With Descriptive Chart and Outline of Activities Approved by American Red Cross,
National Tuberculosis Association and National Organization
for Public Health Nursing.*

BY MARY E. LENT

Associate Secretary, National Organization for Public Health Nursing

WORKERS in the Red Cross, the National Tuberculosis Association and the National Organization for Public Health Nursing are doubtless familiar by this time, in a general way, with the proposed make-up and functions of the joint public health nursing committees which these three organizations hope to establish in the different States. It may be as well, however, to preface any outline of the plan for organizing the committees with the tentative chart shown on page 507, which sets them forth in diagrammatic form, and with the following paragraphs, outlining in some detail the proposed functions of the committees, which, like the chart, have been considered and approved by the three national organizations mentioned above.

Suggested Specific Activities

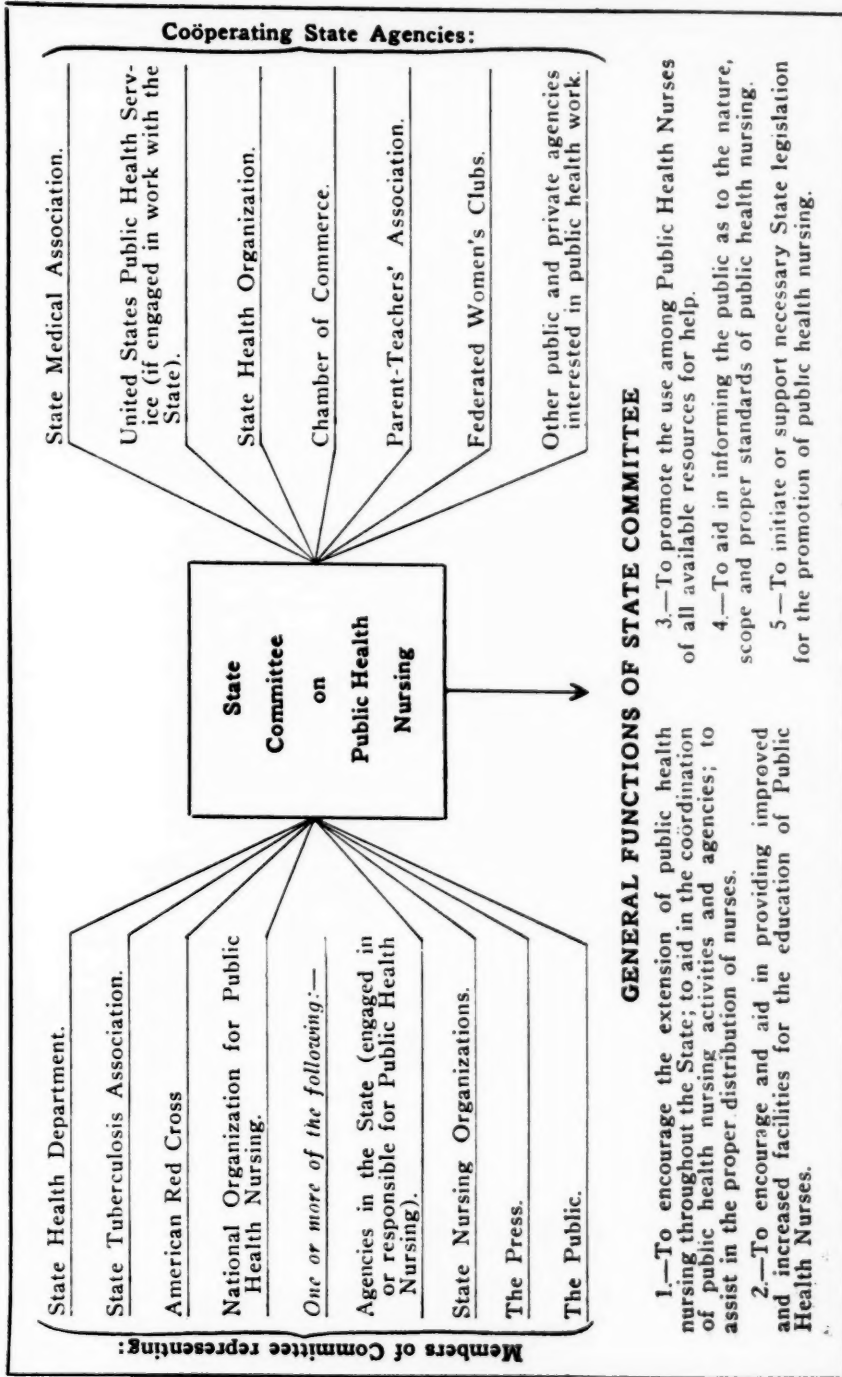
1. "An effort should be made to bring together and to coördinate all public health nursing agencies of the State so that between them every neglected spot may be covered, overlapping may be prevented and the activities of all may be developed with the least waste and the greatest effectiveness.

2. The committee should endeavor to persuade trustees of

hospitals to improve and enlarge the educational facilities in nurses' training schools; should encourage the support and endowment of such schools and of courses in public health nursing, and should work for the advancement of a better standard of nursing education.

3. The committee should bring to the attention of all nurses working in the field of public health nursing the opportunities which are offered by the library service of the National Organization for Public Health Nursing, by the American Journal of Nursing and the Public Health Nurse, to learn what others are doing and planning in the same or closely allied fields of work. It should also make known to them and encourage them to make use of all national and state resources available for their help, in order that they may cease to be isolated units working in solitude and may profit by the experience, experiments and support of all the other workers in their field.

4. The committee may undertake to conduct a publicity campaign throughout the State to spread among public officials and



DESCRIPTIVE CHART OF STATE COMMITTEES ON PUBLIC HEALTH NURSING (APPROVED BY AMERICAN RED CROSS, NATIONAL TUBERCULOSIS ASSOCIATION AND NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING).

citizens a better understanding of the nature, scope and standards of public health nursing, and should endeavor to secure close coöperation from the State and county medical associations.

5. It is desirable that the committee should aid in creating public sentiment favorable to the enactment of suitable public health nursing legislation, including the appropriation of public funds for public health nursing and the creation of divisions of public health nursing within State Departments of Health. The Red Cross endorses this broad endeavor, but prefers not to take part in efforts involving legislation."

It goes without saying that the usefulness of a committee will depend on its nice adaptation to the needs of the State in which it is to work. The same is true of any method for establishing the committees, and a general plan of organization will doubtless be modified greatly in each State by the local situation. There are certain points, however, which I believe should be observed in every case. Two of the most important of these are that the representatives of the Red Cross, the National Tuberculosis Association and the National Organization for Public Health Nursing in some preliminary conference decide on the person who is to carry the responsibility of leadership in organizing the State committee, and that the State Board of Health

be consulted, its attitude toward the proposal ascertained, and its approval and coöperation secured. There may be definite reasons in any State for the selection of one rather than another of the three associations to take the initial steps in establishing the committee. For instance, when the National Organization for Public Health Nursing is chosen for this purpose it may be largely because of the fact that it is not an administrative body like the other two organizations, is not employing nurses in the different States, has not had to "take sides" in local controversies concerning nursing or other public health questions. The importance of close coöperation with the State Board of Health is obvious, especially in those States where a great part of the public health nursing is supported by public funds, rather than by private associations. It is inadvisable that the committee be tied to, or responsible to the State government in any technical sense; it should be an extra-governmental body; but its purposes will be defeated to a large extent unless it can work in coöperation and sympathy with that department of the government which is responsible for public health.

In one of two of the States in which the establishment of public health nursing committees has been undertaken already, a preliminary meeting has been called by the State Board of Health for the

purpose of giving consideration to the whole matter, and in order to organize the committee and elect its officers. In many States some other method might be preferable and this is one of the matters which should be decided in the light of local situations.

Selection of the personnel of the committee is always a matter of the utmost importance. It is not desirable that the membership be so large as to make the committee unwieldy, but, on the other hand, it is important to have represented a wide and varied interest, actual or potential, in public health nursing. Membership, as outlined in the chart on page 507, has been set down purposely in somewhat vague terms in order to permit the inclusion of different elements in different States.

Members chosen from the State Department of Health, the Red Cross, the Tuberculosis Association, the National Organization for Public Health Nursing and from the "agencies engaged in, or responsible for public health nursing," presumably would be well versed in public health nursing, whether from the doctors' and nurses' professional point of view or from that of "lay" persons administering the work as members of boards of directors, or in similar positions. They would be chosen for their knowledge of what public health nursing is, their vision of what it should be, their recognition of the needs, both as

to quantity and quality of service which are not yet met. As a group of experts they would form the nucleus of the committee.

But because every worker must be a good nurse before she can enter on the wide field of nursing and teaching and social work combined, which we call public health nursing, it is of great importance that there should be included in the membership of the committee persons who are concerned with the education of nurses. Here should come in the hospital trustee, the hospital superintendent, the superintendent of the nurses' training school. The special usefulness on the committee of the representative of the State Nurses' Association will be due, perhaps, to her interest in nursing education and in the maintenance of high standards of nursing. If some college or university in the State is giving post-graduate courses to nurses or special courses in public health nursing it may well be represented on the committee. The elastic term "The Public" gives room for whom we please.

Under "The Public" should come, too, representatives of some of the elements in the community which public health nursing reaches or ought to reach. In States where industrial nursing already plays an important part in public health work, or where it is needed greatly, it might be well to secure as members of the committee per-

sons to represent, respectively, manufacturers' associations and labor unions. Rural nursing is being more and more widely developed as the unquestioned need of it is more widely recognized, and rural interests, therefore, most certainly should find representation on the committee. The State Grange in some instances, in others the Farm Bureau, may well supply this member. In various States these organizations are carrying on some form of educational health work, but whether or not this is the case, a member chosen to represent them ought to be invaluable in bringing to the committee the point of view of rural communities and in taking back to them a wider understanding of public health nursing and its purposes, and of the way in which it should "work" in country districts. Business and the press may be represented for the obvious aid which they would give the committee in the important matters of finance and publicity.

When we turn to the group of coöperating agencies on the other side of the chart, we find again a purposely vague list. The committee should coöperate, of course, with all organizations, public and private, which are interested in public health. In many States it may be well to transfer some of those listed in this right-hand division to the membership side of the chart. The United States Public Health Service, for instance, if

carrying on active nursing in the State should doubtless be represented on the committee. In some nine or ten States the Public Health Department of the Federation of Women's Clubs has organized a sub-committee on public health nursing, and in many States women's clubs are employers of Public Health Nurses. If they are active and interested in this branch of work, they, too, might provide desirable members.

The list of members seems to grow appallingly long, but even if all the interests suggested were represented on the committee, the membership need not be so large as this implies. The hospital trustee perhaps is a manufacturer or a member of a chamber of commerce, or a newspaper man, and thus would represent at least two groups. The doctor from the State Health Department probably belongs to the State Medical Association or the State Health Officers' Organization, or both. The superintendent of the nurses' training school may be the best possible representative of the State Nurses' Association. One can imagine a series of such combinations and the wisdom of making them would have to be decided upon in each State. Indeed, one can not insist too emphatically that it is not necessarily desirable that any two committees be precisely alike but that it is of paramount importance that each committee be created to

meet as exactly as possible the needs of the State in which it is to work.

The proposed activities of these committees have been outlined above. One remains unnoticed which may give trouble, like the bad fairy forgotten at the Christening feast—that of financing the work of the committee. The expenses probably will not be great, but unquestionably a certain

amount of money will have to be spent for traveling, for stationery, for publicity costs, and the like. Each committee will have to establish a treasury and devise some means of keeping it supplied with funds. If the committees prove capable of filling the place of extreme usefulness which we foresee for them, there should be no difficulty in convincing the public that they are worthy of support.

*Principles and Methods of Money Raising

BY SHERMAN H. KINGSLEY

Director of the Cleveland Welfare Federation

THE American attitude toward voluntary and involuntary taxation is a matter which creates lively interest and comment on the part of many foreign observers. In no other country is so large a portion of social work carried on through private initiative and voluntary financial support as in the United States. It is also probably true that nowhere else is there more protest and grumbling about public taxation than in America, nor does any other country tolerate with so much indifference the lack of training and fitness of public officials, or put up with so much inefficiency and extravagance, nor accept with so much bored and amused

complacency and cynicism the consequent mismanagement and lack of beneficial results.

The list of private agencies in our cities numbers tens or hundreds and even rises above a thousand in our largest metropolis. The budgets of these organizations run to many millions of dollars in our largest centers. Counting out their earnings and income from endowments, it leaves several million dollars to be raised annually in current gifts for these agencies in the larger cities and relative amounts in other communities, according to their size.

In places like Cleveland and Detroit the yearly gift needed is now around a million and a half and is constantly rising. It is probable that the amount needed in New York, Chicago and Philadelphia would be closely approximated by multiplying

*Read before Non-Professional Section on Organization and Administration, National Organization for Public Health Nursing, National Nurses' Convention, Atlanta, Ga., April 12, 1920.

this sum by the number of times these cities are larger than those mentioned. One of the anomalies of this whole question is, that no one knows what the bill is and, stranger still, that apparently nobody cares.

In treating this subject of voluntary financing of private philanthropic work or, in other words, of discovering the best way for A to induce B to give something so that A may take care of or do something for C, let us take a look at B. We ought to understand him if we can and get his point of view for we expect him to pay the bills. Incidentally, too, we feel that B must be educated. Hardly any of us regard our work in any less favorable light than possessing elements of distinct educational value to all the B's in town.

B is anyone who is considered a favorable prospect, any man or woman, with giving power. In particular, though, B is the individual with an established giving habit or with a known susceptibility or a high incidence to the appeal germ—an acute predisposition to appeal technique. Of late B is one who was fortunate with war brides and government contracts, who was fortunate enough to own a piece of real estate.

In the main, though, B has been a distinct minority of the population and has been importuned frequently. Some B's have been remembered by everything in town that solicits money. Their names have traveled from one society to another by an-

nual reports, through newspaper publications, from one director to another, or one executive to another.

I spoke recently in Philadelphia and was given a statement which read something like this—"Do you know that there are in this city 439 agencies doing some kind of social work and soliciting funds to carry it on, that the aggregate budgets are between 19 and 20 million dollars? Do you know that among these are 80 child-caring societies with property and endowments aggregating over 70,000,000?" Then it gave the number of hospitals and settlements, relief societies, homes for the aged, for the crippled and the blind. It spoke of the fact that no one knew what the work cost or very much about the results or the main objectives of it all. Some of the B's in that town heard from every one of the 439—the conspicuous B's, I mean. Suppose we try to understand B by taking his place at his desk. We will understand that it is not in any protective or humanitarian sense that we do this, for so far no one has heard that B starved because of his giving or that he sold all his goods to give to the poor, or any specially untoward result.

We are merely trying to study him as a prospective giver, and to get at his state of mind in order that our approach may be most effective. Then, too, if we are to educate him we ought to know something about his capacities and his need of education and if possible find out how

many similar efforts at his instruction are running currently with ours.

As I have said before, some of these people are appealed to by every agency in the city. These requests come by letter and pamphlet and circular, by telephone, by personal call, by tag days, tickets for dances, benefits and bazaars. Besides the local appeals, B also is asked to contribute to national and international organizations. If he is a business man, he is asked to buy tickets for benefits and games by customers in cities all over the country. Understand again, we are not reciting these things out of pity for B. We are just endeavoring to study his point of view and frame of mind in order that our own appeal may reach an open place in his mind and heart and further that our effort along with numerous others, may help complete his education. All of this will come over his desk to us if we can take his place for a little season.

It will be interesting to read the letters and circulars, to answer the telephone and to talk with the various solicitors from B's point of view. Of course, we will be especially acute in appreciating the educational value of these solicitations. We will appreciate any light on why we should support two clearing houses, 18 to 80 orphanages, several relief agencies, several health and nursing organizations. We will especially appreciate it if they will tell us how much the bill is in our town for this kind of work. Also,

being especially conscientious and appreciative and believers in giving, we will be glad of any light which enables us to know about what we ought to do. Of course, the solicitor would not want to assess us, but we might reason that the solicitors for 439 agencies or the hundred or the thousand, whatever the number of our town, would know that all the organizations were soliciting and that we B's would be hearing from all.

Accordingly we would like to know as much as possible about our responsibilities and obligations to each individual agency. We would not assume, I hope, that there would be an entire absence of rivalry and competition; perhaps, we would not expect entire unanimity or lack of friction, but in general, it seems to me, we might hope to get evidences of a common purpose, some sense of solidarity and common objectives and an idea of where all these numerous activities were leading us. We would note that each year was bringing greater individual budgets and also more of them.

I do not want to pursue this farther than to suggest some of the questions and problems that arise in the minds of business men and householders when they face the stacks of letters and appeals that confront them from day to day. Unless we have actually talked with these people and have seen the other end of the appeal situation, viz., the point at which these letters and circulars and telephone and personal

calls come across the desks of those who are importuned for gifts, we cannot understand it. Of course, there are many people of giving power who do not receive any very great volume or variety of appeals but the situation with the conspicuous person—I mean the well-known man or woman of wealth—is certainly worth understanding.

One can hardly judge, it seems to me, whether he would feel amused, enlightened, oppressed, bewildered, disgusted or mellowed by the number and volume of these importunities. These are some of the questions and indicate some of the psychology which needs to be studied in the whole matter of appeals. It is my opinion that we have come to a point where a more fundamental study must be made and a more thorough understanding must be had of this whole subject. It is true that individual fortunes have increased perhaps more rapidly in the last two or three years than ever before, but so has taxation, Federal, State and municipal and still bigger obligations must be assumed by our municipalities and States, and while the government taxation will recede somewhat from the high tide during the war, we shall never again go back to pre-war national budgets.

A new day is at hand. It is ushering in new points of view, new cleavages and responsibilities. It will doubtless be characterized by searching tests of our practices and our institutions. It will doubtless weigh results more in terms of so-

cial values and efficiencies and less by the individualistic standards of yesterday.

The field of private social service enterprise is up especially for review and evaluation. Our charities are not, on the one hand, an expansion tank idea which provides for the overflow of riches and the excess of possessions beyond what the individual can use, nor are they, moreover, to be considered an argument and justification of excessive possessions. They have assumed service and accepted responsibility for a certain field of need and activity and the future will judge them more searchingly on the manner and with what results they have together occupied and possessed and achieved results in that field. It seems to me that more and more we must go to the contributing public on the basis of these broader and better defined social responsibilities and less on appeals for individual cases of poverty, of destitute children, of crippled and deformed humanity, and with hot weather and cold weather arguments.

Now, having said all this, which perhaps is not at all what is wanted, or desired or helpful, let me say something about the merits and demerits of various methods and forms of solicitation. The most common practice in money-raising is perhaps appeal by letter, by telephone and the personal call. Running with this general line of solicitation and used to a greater or less extent is the entertainment, the ben-

efit performance and the bazaar and the tag day in one form or another.

The letter method reaches the prospective contributor at a comparatively low cost. However, this incurs an expense of about five cents per letter for the material in the way of stationery and postage. Probably five cents would not figure in the time of the writer and office help. One of the advantages of the letter is that the writer is able to say in the brief space that he can hope to have read, at least the things that he wants to say. He can send the letters to a carefully chosen and what he judges to be a hopeful list. If he can get his results on the first letter he aims to do it. However, I think it is generally found desirable to plan a series of perhaps five at least. Often, a second and third letter gets attention and results when the first does not score, and sometimes a third, fourth or fifth will succeed when they are made pointed and telling and are aimed so directly and earnestly at the recipient that he feels sure you are relying on him for direct and definite partnership in the enterprise which is very near and dear and mighty serious with you. Of course, letters are letters, and they can be thrown in the waste-basket no matter how much heart and earnestness are in them.

The telephone accompaniment in this appeal program is most helpful. At the right point in the process of securing a man's favorable consideration, the telephone can be a very potent factor. Of course, there is

room here for just as much consideration and careful approach as there is in letter writing and the personal call. Good salesmanship, manners, quality and ability are just as essential as they are on the part of the sales force of the best business concern in town. When both of these methods fail, unless there has been a frank and convincing response to the letter or by telephone that the prospective subscriber cannot and does not wish to give, personal calls judiciously made are often very helpful and will realize quite frequently on the effort that has gone before.

The Welfare Federation of Cleveland has had good success with telephone solicitations in securing new contributors, renewing former contributors and in collecting pledges. These telephone calls may be made either by volunteers or by regular members of the staff. They may be used to follow up letter appeals or to interest persons who have not previously received appeals. As the expense of telephone calls is several times that of letters, it is probably better to prepare the way by letter appeals, telling the story of the organization. The advantage of the telephone call over the letter is that you are surer that you have actually reached the person to whom you wish to appeal. You are able to answer questions which may have arisen about the work and you get an answer. Where the person telephoned does not give an absolutely affirmative or negative answer, it is

possible to plan the best treatment to be followed in that case in the future.

The personal call brings the greatest results for the people reached, but requires much greater effort and expense than any other form of solicitation. The paid solicitor is not approved by the average contributor and many Chambers of Commerce have refused to sanction solicitors working on a commission basis. I believe most of us have experienced great difficulty in getting volunteers to solicit contributions although a call from a volunteer solicitor, or preferably, a pair of volunteer solicitors, will bring the best results from the average contributor. The reasons for this are that the contributor understands that the volunteer solicitor gets nothing out of it for himself, but is in fact sacrificing his own time and energy. He must give him his full attention so that he has an opportunity of delivering his message, he usually gives his answer at the time, which, if favorable, is put down in black and white on a subscription card so that he does not have an opportunity to put it off or to change his mind afterwards. Experience has shown that volunteers will not accomplish very much except in a campaign.

Of course, in the aggregate, large sums of money have been raised by fairs, bazaars and tag days and there is probably something to be said for them, but in the main, they have proven failures and have been

discarded and dropped by really progressive and business-like organizations. Still there are some people who have not progressed beyond this elementary stage in their social service development or who, if they have, feel it sometimes necessary to yield to the opinions and wishes of others who seem incapable of rendering any service unless it is to the accompaniment of such entertainment or society feature. In many places Chambers of Commerce and other endorsing bodies entirely refuse to endorse agencies that rely upon or practise this method of raising money. Even though no professionals are employed to direct such affairs and though the materials, hall, supplies, etc., are donated, all of these must be solicited and the articles for fairs and the tickets to the concerts and balls must be sold to somebody else. Besides, these affairs seldom increase the interest of the contributor in the real work of the organization, because the appeal is made on the basis of furnishing amusement instead of getting over the idea that the organization is performing a really useful service and that it deserves support from its merits and achievements.

It is the experience of practically all our charitable organizations that when names are once placed on the giving list, they are likely to repeat their gifts from year to year with fair regularity. Of course, there are many who drop out on account of lack of interest or who move

away or die or meet with business reverses. On this account and because the budgets of the organizations constantly grow, it is necessary to add new givers from year to year. A great deal of the time and attention of the executives of our charitable organizations, is occupied in raising money. It is desirable, of course, to have a financial and publicity executive. Sometimes the same person can occupy both of these positions but in the larger organizations, it becomes necessary to have one or more persons for each of these objects. It is easy to understand the justification for this in the larger organizations, but just where the volume of work that calls for such service makes it justifiable and where not, is quite a question. As such functionaries increase in number in our different cities, the problem of newspaper space and of getting stories in becomes acute with the newspapers themselves and also has an effect on the readers. If, for instance, all of the 439 organizations spoken of above, should have a publicity agent, there would be also the possibility of more than filling the paper if even short items from each should appear on the same day or within a few days.

Nursing and Health Service are perhaps best understood by the average person in the community and in a way it is easier to raise money for such projects than for any other. The work of the war and the Red Cross and the various epidemics in our various cities are

all the time accentuating and getting over to the community the value of the services of the nurse. Almost any professional solicitor would rather undertake to raise money for such projects than for almost anything else that could be mentioned.

Our war experiences have made a notable impression and probably a contribution on this whole question of money-raising. The United War Work money-raising campaigns with the splendid organizations that were built up are still strongly in our minds. It taught the community to use this machinery and also the value of working together for common ends.

I made a study of the results of the war drives as they were carried on in our various communities. Returns from 50 war chest communities showed that these war drives succeeded in getting 33% of the total population of the community studied, as givers. This was a remarkable achievement and probably contrasts with between three and five per cent of the community which contributes to peace time philanthropies. This statement cannot be made positively for nobody knows how many givers there are in our various unorganized communities. Several cities have seen fit to save this remarkable War Chest organization and machinery and spirit and have applied it to their peace time needs. Such a Community Fund was raised in Cleveland in November, 1919. It

resulted in securing over 160,000 subscribers in Cleveland in contrast with about 20,000 who had given to the same enterprises previous to war chest experience. Similar results have been achieved by Detroit, Rochester, Cincinnati, Minneapolis, Dayton, Louisville, the Oranges, and in many other cities, and the movement is growing rapidly.

This method of money-raising is usually preceded and should be preceded by very definite efforts at coöperation and common understanding and budget study. In Cleveland, for instance, this work has been in process of evolution for ten or twelve years. The November drive was based on very careful budget study and planning of work, which determined accurately the total budgets needed for each organization. The amount of the earnings and the amount of the income from endowments from each of these organizations and thus the amount they needed to be raised in subscriptions for each one, was determined. In this way it was possible to set clearly before the people of the city these salient facts about the social service work. We were able to tell the town exactly how much needed to be raised and that the money would be spent in accordance with these carefully determined budgets.

In order that there might be some lee-way from changed conditions, for increased costs, for epidemics, etc., a fund of \$500,000 was added, this to be drawn upon after rehearing of budgets, and a new

determination of any changed conditions that the year might bring forth. Many people urge objections to this line of procedure but this much can be said for it: that you are able to tell your town more than it ever knew before about its field of social service and the various forces that are occupying that field; you can tell your citizens how much the bill is that ought to be paid by yearly subscriptions, your subscriber, who conscientiously wants to know what his duty is, can get some closer judgment of what he ought to give. He knows the needs of the 439 agencies or the 100 or the 1,000 or the total budget that the community fund needs. This is something he never knew before. You are able to plan a publicity campaign that justifies your reaching your whole community. You can enlist the movies, the pulpit, the press, the lecture platform; you can claim a place in the audiences of the clubs and other bodies that gather together for discussion; you are engaged in an enterprise that is big enough to command the respect and coöperation and service of the biggest men in town.

It makes a way for the use of volunteer service such as was impossible before. In the Cleveland campaign referred to, the services of over 10,000 people were utilized. The whole community knew what was on, the papers were full of stories and advertisements about the work of the organizations and what

the campaign was. People were interested to read facts and descriptive material that were placed in their hands. Three hundred of the prominent display windows in the city were placed at the disposal of the different organizations which displayed graphs and charts and exhibits that gave an idea of what the organizations were doing. A parade was held which undertook to give the spirit and meaning of these activities. Of course, this general plan is comparatively new but it has certain elements of success and strength which we cannot afford to overlook.

We are facing a situation where the budgets of our organizations

are enormous, the needs of our cities, our States and our Nation are greater than ever before and taxation has become a real problem. Our social work has got to become more and more a matter of social policy and less one for individual devotion, caprice, flattery, ambition or whatever may be the motive that leads people to lend themselves to the service of our great number and variety of social service enterprises. We have come to a time when we must study problems and needs and whether or not we have got the best instrumentalities with which to meet and solve these great community questions. It is by such tests that social service work will be judged in the future.

Plan for Recruiting Nursing Students

Before the schools of Michigan close for the year in June, the Michigan Hospital Association will bring to the attention of all high school and college girls the desirability of entering nursing as a profession. The State of Michigan has been divided into twelve districts, corresponding to the twelve Congressional districts and with the boundary lines of those districts. A chairman has been appointed for each district and these chairmen will name committees of workers who will be in charge of the campaign.

The advantages of nursing as a profession will be brought to the attention of high school and college girls and their parents through the newspapers, through social, literary, civic and other organizations, by means of posters, pamphlets, by personal and circular letters, by speakers who will bring the message directly to the high schools and colleges of the State. The State Hospital Association has the campaign so well organized that it is expected that every single high school girl and college girl will receive the message in several ways before the close of the school year.

*The Public Health Nurse in Relation to the Modern Industrial Hygiene Movement

BY WADE WRIGHT

Instructor, Department of Industrial Hygiene, Harvard Medical School

THOUGH some difficulty might be found in coming to a complete and harmonious agreement regarding what should be called public health nursing, one may assume, perhaps, that there is now some degree of common belief regarding the purpose, methods and standards of Public Health Nurses. It is possible that there is less general knowledge of the purpose of industrial hygiene, and if you are to be asked to consider the relation of the Public Health Nurse to industrial hygiene, it is but fair that you be told something of your prospective relative.

Industrial hygiene means practically industrial health. Industrial health means the health of the men, women and children who are employed in industry. This talk is concerned with the relation of public health nursing to the health of working people.

"But," says some conscientious objector, "public health nursing has always been concerned especially with the health of the working people!"

The conscientious objector is right, but Public Health Nurses have dealt for the most part with iso-

lated individual problems and they have not always considered groups of workers within industrial establishments. For some years past that has been the task of a branch of the profession known as industrial nurses.

Many nurses in industry entered the field from private duty nursing or from training schools and have never had the advantages which may be gained from extended contact with public health work and preventive medicine. Some Public Health Nurses have gone into industry and become industrial nurses, and some Public Health Nurses have gone into industry and, becoming industrial nurses, have continued to be also Public Health Nurses. There is a difference, more of point of view than of duties performed.

It is fair to say that most nurses in industry are not Public Health Nurses, any more than are surgical nurses in a hospital operating room or drug clerks in a corner pharmacy. They are no more concerned with preventive medicine and with public health problems than are most industrial physicians. It is the obvious, inevitable outgrowth of our prevalent conception of industrial medical service, a conception which is, happily, now showing evidence of change.

*Paper read before session on Industrial Hygiene, National Organization for Public Health Nursing, National Nurses' Convention, Atlanta, Ga., April 13, 1920.

The health of men and women in industry is not to be made secure by such a simple measure as the dressing of injuries incurred in line of duty within industrial establishments. Neither is it to be guaranteed when to the iodine swab and the gauze bandage are added the migraine pill and the soda mint tablet of sainted memory.

There are many industrial nurses who are unwilling or unable to see beyond the immediate bounds of the successive complaints submitted to them in industrial dispensaries, who are more or less blissfully unaware of their potential powers. The majority of industrial nurses are surgical dressers and dispensers of pills. Sometimes that is the limit of their ambition, though to be sure it often is not. Many combine with these two fundamental, basic services, the adjustment of small difficulties arising within their establishments, the elimination of friction in the shop or in the home of workers. They labor faithfully to encourage friendly relations between the employers and the employed. They give a smile with every pill. But for a nurse whose purpose is an earnest one, these things are all by-activities. Cheerfulness is an asset, not her capital. Friendly relations, surgical dressings and promiscuous medication are together not sufficient to justify the working hours of a real industrial nurse.

It must be recognized that in many large industrial medical organizations it may be necessary to

limit some of the nursing staff to simple routine duties, but exceptions of this nature are relatively few.

Health in industry does not demand alone the provision of mechanical safeguards for dangerous machinery, freedom from exposure to dusts and poisonous substances, and immunity to occupational diseases. Injuries and specific occupational diseases are of course important matters for the consideration of the industrial physician and nurse and warrant close study and painstaking consideration, but they account for but a small part of the ill health and low physical state of working men and women.

We do not know all, but we do know at least some of the other responsible factors. They are such things as the subtle effects of bad working conditions, poor lighting, inadequate ventilation, faulty posture, fatigue, lack of recreation, improper nutrition, worries, fears, congenital defects, tuberculosis, venereal disease and other infections. Some of these are related to wages and economic conditions; some of them are not. Some affect especially wage earners; some may affect men and women of any occupation or degree of wealth. The ill health which is found in industry is pretty much the same sort of ill health which is found among folks in general. Over thirty millions of people, a third of the population of our country, are wage earners. It is true that the very unfit may drop out, but in a group so large one may be reasonably sure

of finding a fair share of the disabilities affecting the total population within the same age limits.

It has been claimed that some people are healthier in industry than they might be out of it, but the fact is not strikingly apparent. It is not impressed upon the average observer standing by the gate of a big textile mill when the evening whistle blows, or at the mouth of a mine shaft; upon one who frequents the mill districts of our industrial centers, upon one who studies the mortality rates among infants born of working mothers, upon one who has opportunity to watch the gradual change in boys and girls during a year or two after they have entered industry from school.

It has become rather conventional to curse the system and in particular to curse employers who are popularly supposed to be responsible for the system. It seems possible that the employers are comparatively minor factors in the complex.

Our nation is developing, and industry is one of its proudest developments. We are much given as a people to seizing lovely places, with fields and rolling hills, great trees and flowers, of reducing them to mill towns with muddy streets, shack houses and cheap stores and having done so, calling this "improved property." In somewhat the same fashion are we improving men and women and children in industry. We have, employer and employees together, exploited our human re-

sources just as we have exploited our material resources.

We may well consider recent English comment upon findings of their National Service Medical Boards, showing that out of two and one-half millions of men examined for military service in 1917 and 1918 but one out of three was found fit. Quoting *The Manchester Guardian*:

"To look upon a trainful of city dwellers hurrying to work is always to have matter for melancholy thought; and the statistical pictures of our State are confirmation of a condition which we had hoped was rather imagined than real. The debased physical condition of the operative class will cause many people to echo the words of the chairman of the Manchester Board, when he asks whether commercial supremacy is worth while if it leads to the production of 'a race of seniles at forty.' Remedies are proposed: The instruction of girls in domestic economy and the care of children. These things are good and proper, but in themselves insufficient. The whole structure of the industrial machine is called in question; and to produce healthy children is almost an aggravation of cruelty if at last they are to be given to a system which demands the sacrifice of their health as a condition of their employment."

It should be recalled that there were but slightly better findings in connection with the examination of our own draft registrants, a group of much younger men than these Englishmen who were called up in 1917 and 1918.

It does not seem that we would be amiss in allotting to wage earners their proportionate share of the nation's disease and disability.

Now caring for the health of thirty to forty millions of workers is a sizable task and it might be a discouraging one were it not for the fact that it is a group, even though a group of many subdivisions.

The key to health in a military organization is sick call. It is a searching throughout the personnel for incipient illnesses, a combing out of the unfit in order that illness may be cared for, that the unfit may be rendered fit for service and the well safeguarded. School medical work has the same purposes, but neither the medical service in our army and navy nor the medical inspection in our schools has an opportunity comparable with that which is presented by the groups of workers assembled in our industries. It is an opportunity which has not to this time been generally realized, possibly because of certain deeply rooted conventions.

We have in America a number of traditions which we wisely cherish. One of these, a very inclusive one, is regard for what are called "the rights of the individual." It is, however, interesting to reflect upon how few rights an individual has which, if indulged by him, do not affect other individuals.

A man is willing to risk infection with smallpox, but his companions are not, so we have compulsory vaccination. A parent is willing that his child should be ignorant and that he

should begin to work shortly after infancy, but the community is not, so we have obligatory school attendance. A free citizen may choose to burn down his own house but his neighbors in the same block prefer to keep their homes, so we have police to exert upon the incendiary a beneficent, deterring influence.

Trustworthy studies of sickness among industrial workers show that the average number of days of disability from sickness and non-industrial accidents for each worker annually is in excess of six. This means that about two billion days are lost in our country each year through illness and non-industrial accidents, surely much of it preventable and much of it prolonged because of inadequate medical and nursing attention.

Yet employers say with some vehemence that the sickness of employees is not their concern, and employees stoutly defend their inalienable rights to their own sniffles, to their own hacking coughs, to their own boils, to their own flat feet, to their own indigestion.

This right of the individual to thrust the social and economic burden of his own disability upon his brother may today be considered as debatable. We cannot, however, dispute the right of every man to an opportunity of ready access to proper facilities for the maintenance of health and for the care of sickness and the remedying of defects. Such facilities are not truly accessible until the persons whom they are to serve

are informed of them. Through systematic physical examination of industrial groups defects and disease are to be uncovered, and when the findings in his case are made known to each worker, the way may be opened to corrective and remedial measures.

Because in industrial establishments there are daily assembled larger or smaller numbers of workers, representative usually of similar working and living conditions, it is there that instruction in preventive medicine may best be offered, and it is in connection with such establishments that some mechanism for the care of sickness and injuries may best be developed. The details of such organization are for the employer and employees to work out, with or without the coöperation of public agencies.

It is because it involves the health of so large a portion of our people that the care of the health of workers in industry is a social responsibility. It is essentially a public health activity, whether it be entrusted to governmental agencies or to individual industrial establishments. It is as reasonable to insist upon a public regard for personal health as for personal safety or for personal political liberties.

The responsibility cannot be dismissed by State industrial commissions hiring ill-trained inspectors at \$1200 or \$1500 a year to inspect protruding set screws on shafting or to report at incredible length upon the niceties of factory toilet facilities, a

matter concerning aesthetics vastly more than health. It cannot be dismissed by an industry employing a casualty surgeon to treat industrial injuries or a nurse to adorn a plant hospital, do minor dressings and dispense aspirin and acetanilid, often without orders and at variance with the medical practice act of her State.

It is a responsibility which can be discharged when State industrial commissions realize that their police function demands the services of able and well salaried inspectors; when municipal boards of health establish adequately manned departments of industrial hygiene; when medical schools will train industrial physicians and industrial nurses for the highly specialized work which awaits them; when industrial physicians and nurses realize that incipient disease is more important than incapacitating disease or chronic invalidism, that as an early diphtheritic membrane is more important than diphtheritic paralysis, so patients with other slight evidences of ill health or disability are more important than the wreckage which physicians and nurses are accustomed to consider as alone worthy of their attention; when working men and women realize that physical examinations are necessary for a great good and are rarely the occasion of an injustice; when industry realizes that its strength can be found only in the strength of the workers who serve it and that all must be done that is reasonably possible to conserve that strength.

Much of the progress which has been made in industrial hygiene has been due to the nurse. She has in many instances demonstrated within her establishment the value of industrial medical service; she has often alone defended her ideals and brought a new spirit into the industrial relations of her plant. She has worked well with, or in spite of, the plant physician, as the situation and the standards of the physician might demand. There is good reason why she should continue to contribute much to the progress of industrial hygiene.

Notable changes have come about in industrial medical service. Industrial physicians trained for their special duties have already appeared. It is, however, usually only in larger plants that such men are found. Within smaller organizations the industrial nurse must still be the main-spring of the industrial health movement. In all plants, large and small, where a nurse is employed, she must still make most of the intimate per-

sonal contacts, she must do most of the teaching.

Teaching is, indeed, one of the most vital of her functions as a nurse. That alone demands the ideals and as much as is possible of the training of what we now call a Public Health Nurse. Beyond this she should be trained in the technique of her special field, for in many respects it differs widely from that of any other phase of nursing. She should establish relations with industrial nurses in other plants than her own, with nurses in other cities than her own, for she is in a new work which is ever changing and developing.

The capacity for usefulness of an industrial nurse will depend upon her personality, her technical training, her vision and imagination, and upon her willingness and eagerness to grow.

The industrial nurse must be a Public Health Nurse. The maintenance of the health of industrial workers is a public service.

*The Health Center Idea in Cities

BY MARY BEARD

Director, Instructive District Nursing Association, Boston

AN admirable illustration of the value of publicity is the fire alarm box. It is painted a brilliant red. When a coat begins to wear off it is at once renewed because all the citizens must always be able to see the red box.

Fires are undesirable. No one wants to be reminded of them and yet we are constantly reminded by these red boxes.

To be of any value a fire alarm must be conspicuous. Red boxes prevent disastrous fires. How unlike our attitude towards community health work!

In one of our great cities the Red Cross local chapter is engaged upon a public health directory or guide designed to point out to citizens those multitudinous places throughout the city where one may, if he becomes familiar enough with map and key, find a baby clinic or a maternity center or a dispensary.

In most of our large cities, we health workers complacently wait to be sought out by those who need us and who have patience and ingenuity to hunt for us; when we are found it often develops that it is not our function, but that of some other organization to do the

particular thing required just then by the person who finds us. We made a list of twenty-nine agencies in Boston which had assumed a direct responsibility towards health in some form or other. The list was interesting, because a knowledge of the function of each of these agencies might at any time become essential to the health of any family in Boston.

The Boston Instructive District Nursing Association was one of the twenty-nine, so I can say with knowledge that our attitude towards each other is, for the most part, respectful and admiring. We need each other, seldom tread on each other's toes, telephone politely minute details of the family symptoms, fit one part of the Chinese puzzle very exactly into the gap left for it by all the other pieces. But do we really need twenty-nine boards, twenty-nine directors, twenty-nine executive committees, finance committees, publicity committees and so on and so on? Why not paint the box red at once and at the earliest possible moment after the fire is discovered secure hook and ladder, fire engine and all the other necessary apparatus?

The red box does not oblige a citizen to sound an alarm. It does not increase fires. It prevents them.

Recently a few of our twenty-nine agencies were investigated. How I

*Paper read before session on Community Organization for Health Work, N. O. P. H. N., National Nurses' Convention, Atlanta, Ga., April 14, 1920.

wish we knew all the investigator thought! Recently one of ourselves—a Boston executive—making visits to the regular professional conferences of several agencies, expressed great appreciation of our skill in avoiding each others' field of activity, giving each other all credit for the merit of our work, and never duplicating effort! But how much effort, money, patience, telephoning, vitality, record-making, we develop in order to be so free from clashing activities! Time has added to our native New England tendency to work out our own salvation, or at any rate our own idea of it, in our own way.

The Instructive District Nursing Association is 34 years old—and the Boston Dispensary even older!

If the Health Center idea could become a reality in Boston, surely it would be possible to introduce such a system anywhere.

However, Boston has not yet formed a Health League, although some steps have been taken in such a direction.

In most of the large cities of America there are many well established health agencies, each one of which has its own body of directors, its own executive, its separate office, and yearly budget, which it raises by a separate appeal to public sentiment. In Boston there are many such health agencies as these, which are wholly unofficial in their relation to constituted health authority. A list of the most important of them follows:

*1. Boston Association for the Relief and Control of Tuberculosis.

*2. Massachusetts Society for Social Hygiene.

*3. Life Extension Institute.

4. Massachusetts Commission for the Blind.

*5. Massachusetts Association of Directors of Public Health Nursing Organizations.

*6. Massachusetts Society for Mental Hygiene.

*7. Instructive District Nursing Association.

8. School Hygiene.

*9. Dental Hygiene.

*10. Dietetic Bureau.

*11. American Red Cross.

12. Committee on Public Service (City of Boston).

*13. American Society for Control of Cancer.

*14. Committee on Industrial Hygiene (Harvard University Medical School).

*15. Massachusetts Committee on Health in Industry (Boston Association for Relief and Control of Tuberculosis).

16. The following organizations represent Public Protection of Motherhood and Infancy:

*A. Baby Hygiene Association.

*B. Massachusetts Committee on Child Conservation.

*C. Child Conservation Committee (City of Boston).

*D. Committee on Prenatal Care and Obstetrics (City of Boston).

*E. Jewish Maternity Clinic Association.

*F. Boston Lying-in Hospital.

*17. Boston Dispensary, District Doctors.

*18. Household Nursing Association.

*19. Hospital Social Service Association.

20. City of Boston, Department of Health.

The associations marked * have no official relation to health authority. Organizations formed to

prevent or control some one menace to the health of the family fall far short of the measure of success within their reach because they are without a central control and because they are quite independent of one another.

The public health nursing agencies in Boston are typical of the waste of effort produced by this plan. We recognize that the principles of Preventive Medicine can not be effectively applied without the work of the Public Health Nurse. Public health nursing in Boston is directed by five different unrelated boards or committees. Standards are well established for the education of Public Health Nurses and for the conduct of such work as they do and yet no two of these five agencies maintain the same standard. They coöperate admirably, but their work is not coöordinated as it might be if a central council directed it. We ought to bring facilities for health not to certain limited sections of the city, but to every neighborhood and family and individual. All health agencies require educational propaganda such as popular literature in many languages, well directed newspaper publicity, slides for moving picture houses. We need health centers in many more neighborhoods, and more than anything else neighborhood committees organized so that the neighbors themselves will carry the responsibility and share the success of the work bearing upon community health.

The District Nursing Association, the Mayor's Committee on Public Service, and the Baby Hygiene Association have all recognized their dependence upon neighborhood committees for the success of their work. There are in Boston 239 Public Health Nurses to a population of about 745,439, which gives the proportion of one nurse to 3,119. However, this number of Public Health Nurses does not under present conditions carry nearly as far as it might under a coöordinated scheme of direction.

Interesting experiments have been tried in other cities, the object of which has been to induce departments of health to take over and carry on health work heretofore unofficially conducted. The reason that these plans have failed or have succeeded only in a very limited degree seems to be that the men and women in the community are so divided in their health interests that public opinion is not strong enough to secure forceful and persisting administrative success throughout the changes of a city government. It has been proposed to establish a Health League which will be a support to the Department of Health, and will, if occasion arises, be in a position to make itself heard by the Mayor and City Council.

It seems essential to keep the plan of organization very simple, confined entirely to health organizations, including what is known in Boston as "medical-social service."

The implications for the future of such an organization are very large. If one includes the idea involved in the Life Extension Institute, diagnostic clinics must immediately be added to the preventive clinics now in existence in our health centers. Dental clinics, well-baby clinics, pregnancy clinics, clinics for those who have been exposed to tuberculosis may be established with little opposition by local practitioners, but diagnostic clinics would have the effect of "socializing medicine" in the neighborhood where they were established and would at first antagonize some local doctors.

A committee of six, Dr. William C. Woodward, Health Commissioner, chairman, was appointed by Dr. David Edsall, who acted as chairman of a conference of health agencies of Boston in June, 1919. It seemed to be the consensus of opinion at that conference that coördination of the health work of the city was desirable and that such coördination might take place through a Health Council or League.

To make plans for this was the work of the committee. A preliminary study of one section of the city was made for the purpose of collecting facts that would throw light upon the health work and needs of Boston.

The report of the above committee is now ready to be presented to the original group to be acted upon.

Dr. Edsall, dean of the Harvard

Medical School; Dr. Wm. Woodward, Commissioner of Health for Boston, and two public spirited business men, Mr. Henry Endicott, chairman of the Massachusetts Committee for Public Safety, and Mr. James Jackson, director of the New England Division of the Red Cross, originally called the health agencies together. For all successful public health work these three forces must be combined: (1) Constituted Health Authority, (2) The Public, (3) Professional workers.

It often appears to be a failure to recognize one or more of these essential elements that is responsible for unsuccessful health effort.

The approach of the committee to the preliminary study mentioned was made from the following outline:

- I. Population.
- II. Nationalities.
 - Number of births.
 - Number of deaths.
 - Number of stillbirths.
 - Infant mortality rate.
 - Birth rate per 1000.
 - Death rate per 1000.
- III. Chief industries.
- IV. Schools.
- V. Housing Conditions.
- VI. Churches.
- VII. Number of doctors practising.
 - Both resident and non-resident.
- VIII. Analysis of deaths.
- IX. Deaths from tuberculosis.
- X. Clinics situated in area.
 - Venereal?
 - Tuberculosis?
 - Pregnancy?
 - Well-baby?

Nutrition?
Diagnostic?
Psychopathic?
Dental?

XI. Hospitals.

XII. Public Health Nurses.

1. How many tuberculosis?
How many municipal?
How many baby hygiene?
How many school?
How many factory?
How many Instructive District Nursing Association?
2. Headquarters for these nurses.
3. Nurse supervisors in area.
4. How many nurses to the population?

XIII. How many social workers from the various hospitals?

XIV. Dietitians?

XV. Of 1000 babies born in the area how many had

Baby hygiene (that is, registered at a baby clinic and given home visiting by the Public Health Nurse).

Instructive District Nursing Association prenatal nurse (That is, given prenatal nursing care, post partum nursing or nursing at the time of confinement).

XVI. Of the 30 odd agencies brought together last summer, how many are actively engaged in the area?

XVII. General information obtained from

Women's clubs.

Improvement associations.

The final report of the committee will not be made public until the general meeting takes place, which will be as soon as possible.

Some of the findings may however be mentioned here:

Interpretation of Interviews and Studies of Existing Health Agencies in Ward.

I. Lack of knowledge of facts

concerning the health facilities in the community and failure to think from a community point of view.

This condition is represented by a general tone of complacency towards things as they are.

Behind this attitude there is a recognition that more money is needed for each agency to complete its own job.

Little thought of the community as a whole, including families of independent means as well as families below this line, was apparent in interviews.

II. Analysis of the relation of District Nursing Association and Baby Hygiene Association to a given number of infants born in the district, while not conclusive evidence, is significant of the fact that preventive work is not being fully done. Only one out of three babies came to either of these agencies.

III. Expense of each separate health organization of developing its own work fully under present uncoordinated methods appears, in the minds of each agency, to be prohibitive.

Therefore a different plan of work is suggested. The origin of such a plan of work might be found in a Health League.

A. Conclusions lead committee to recommend that a demonstration be attempted in some geographical community of approximately 20,000 population. That within this community headquarters should be selected capable of housing certain clinics, with the workers necessary

for the successful conduct of the clinics.

B. The benefit to workers of existing organizations under this plan would be:

1. Headquarters under one roof.
2. A service organizer. (This individual would be capable of making a thorough survey and of tabulating results.)
3. Joint committees.
 - a. Neighborhood committee.
 - b. Medical committee.
 - c. Nursing committee.
4. Clinics.
 - a. Anti-tuberculosis clinic.
 - b. Baby clinic.
 - c. Clinic for older children (nutrition, diagnostic).
 - d. Dental clinic.

Also a district doctor.

No policy for the workers from the center would be inaugurated outside the Executive Committee of the Health League, in which each agency would have a vote.

Finance and plan of organization of a proposed league both to be reported upon.

Health is a *positive* not a negative condition. Defects of childhood must be corrected if positive health is to be attained.

Sight, hearing, broken arches, faulty nutrition, after effects of poliomyelitis, *t e e t h*, tubercular glands and joints, all must be attended to. The entire population must be served, not only that small percentage that seeks us out and asks for help.

Never was there so wonderful a time to organize health work as now. People want it as never before. We have passed through the

experimental stage and know now how to provide effectively for the health of a community.

A neighborhood is the most fascinating of places, or is it after all an *idea* rather than a place? In the most congested parts of cities one finds a little homey neighborhood as conscious of itself, as precisely bounded as though it were a New England village. The neighbors may be divided into three groups economically:

1. Those who pay all.
2. Those who pay part.
3. Those who pay nothing.

Numerically the second group is far the most important because it is the largest. The neighborhood consists of homes, shops, schools, movie houses, dance halls, churches, all the places where we live, work, study and play. How can we bring health in its modern sense into this intimate busy place? Only by employing homely and intimate means. Only by painting the fire-box red can we be certain that the neighbors will see it.

Only by a like method can we make a true neighborhood the center from which health will extend to all. In Eastern cities let us hope the time is coming when each of the twenty-nine or more individualist health agencies will desire to become absorbed into something bigger than itself. To so organize health centers that this will be the outcome is surely the end we wish to reach. Nurses will be the largest element in the health center, be-

cause through the traditions of their profession nurses are welcome as public servants in any neighborhood; because sickness is a common denominator, because the intimate and homely approach makes health teaching a natural by-product of the visit of a Public Health Nurse.

How many people live here? How many Public Health Nurses do these people need? Are there

enough for homes, schools and industries? After these first questions are answered, publicity becomes the all-important question.

The Health Center, with its organized local committee, will afford the best means for this—will, in short, provide the *Red Paint* necessary to attract the eye and fix the mind so that in time of need everyone will know where to turn for help.

*The Public Health Nurse and Venereal Disease Control

BY ANN DOYLE

Division of Venereal Disease, U. S. Public Health Service.

THE effects of the War have been two-fold, based upon that most important factor, conservation of life. First, that of research and its demand not only for better and more exact information, but for better teaching in medical schools, a demand for which is not limited to one country only, but has been heard from the medical profession of the whole world. The second influence has been the progress in the socialization of medicine, as conditions of an economic nature are seen to have a bearing, direct or indirect, not hitherto realized,

upon this medical problem, and the measure for the control of syphilis can never again be completely separated from measures prompted by the War and achieved under the inspiration of the times, for better education, better recreation, better living and working conditions, and all that goes to make for normal living.

One of the biggest social responsibilities of the medical profession is the prevention of syphilis and gonorrhea, and upon the shoulders of the nursing profession has been placed the obligation of assisting in the discharge of this responsibility.

Early in 1918 the U. S. Public Health Service was entrusted with the direction of a campaign against

*Read before meeting on "Newer Fields of Public Health Nursing," National Organization for Public Health Nursing, Atlanta, Ga., April 13, 1920.

venereal disease in coöperation with State Departments of Health throughout the country.

This act of Congress, known as the Chamberlain-Kahn Act, is a well known story to most of you. The comprehensive program promptly outlined, whereby the task might be fulfilled and the health of the people of this country protected against this greatest of scourges, included medical, educational, legislative and social measures.

The establishment of clinics where venereally infected persons may receive prompt modern treatment, is primarily one of the essential features of a program for venereal disease control. Each person infected with venereal disease needs individual relief, but of more importance, such persons are potential carriers of disease to others; therefore, for the sake of community protection the facilities offered by a venereal disease clinic should be made accessible to as large a clientele as possible.

One of the greatest obstacles encountered by the Service in carrying on the work of this important phase of the campaign was the dearth of trained personnel—especially trained nurses. I do not use "trained" here in the ordinary sense of the term, i. e., graduates of recognized hospitals, trained in the general care of the sick. Few of these nurses knew anything of the diseases which affected the patients under their care in the

clinics and detention wards, their cause, their method of spread, their prevalence or the wide-spread damage and destruction of which they were capable.

Venereal disease control to many of them meant just three things, preparation of patients for examination, administration of treatment and visits to the homes of patients to see why they did not return for treatment. In some instances the home visiting was omitted.

This lack of knowledge on the part of nurses; the old odium of immorality which surrounded these diseases; and the psychology of the War—that the prostitute was the chief carrier of the disease, and that the troops alone were the victims, tended to depreciate the seriousness of the situation, and to cloud the vision of the workers as to the enormity of the problem, with the result that much valuable time was lost and many golden opportunities were missed.

It is difficult to understand why these diseases have gone on their way unheeded and unchecked. The organism of gonorrhea was discovered by Neisser in 1879, the organism of syphilis by Schaudin and Hoffman in 1905. Syphilis has a peculiar history. There is, of course, room for argument as to its antiquity and its origin, and it is scarcely possible as yet to regard the question as closed. But the conception of the

so-called American source of the infection seems to be obtaining a wider and wider acceptance. In accordance with this view, it would appear that instead of having the universality of gonorrhea, syphilis was suddenly laid upon the doorstep of an unsuspecting world by the sailors of Columbus in 1493, upon their return from the Island of Haiti, in which the disease was known, and where they had acquired it. Whether or not it had existed in the old world prior to this time, certain it is that from the time of this fresh importation it took on new life.

That the ancient Jews were acquainted with gonorrhea and were aware of its contagiousness there can be little doubt. In the fifteenth Chapter of Leviticus, Moses, about B. C. 1471, not only warned the children of Israel of the dangers of gonorrhea but laid down definite sanitary and police regulations for its prophylaxis, many of which might be adopted with advantage at the present day. The term gonorrhea originated with Galen, who described the condition about A. D. 160. Proksch reports that an old Japanese manuscript written B. C. 900 contains an accurate description of gonorrhea.

One has only to study the records of the up-to-date institutions where thoroughgoing medical and social work is done, and accurate histories of all patients are taken, to be convinced that the physical

and social ramification of gonorrhea and syphilis are almost limitless.

The prevalence of these diseases in the United States has been given sufficient study to warrant certain very well founded estimates based on observation of certain groups. In 1908 a Committee on Social Betterment of the President Roosevelt Homes Commission made a study of the venereal peril at that time. This Committee found that out of 274,611 patients treated in the city hospitals in Washington, there were no less than 27,947 cases of venereal disease.

In 1909, the American Public Health Association appointed a Committee to investigate and report upon the best methods of educating the public with respect to the communicability and prevention of gonorrhea and syphilis. This committee studied all previous estimates regarding the prevalence of these diseases, but could obtain no special data other than that furnished by the statistics relative to the prevalence of these diseases among soldiers. They found that during 1908, the admission rate for venereal diseases per 1,000 mean strength of the U. S. Army was 196.99. For the Navy in the year 1909 the rate was 159.8. In the British Navy for 1908, the rate was 122.5 and in the British Army for the same year the rate was 104.0. Stokes, in his pamphlet, "Today's World

Problem in Disease Prevention," says that a widely accepted conservative estimate of the prevalence of syphilis is 10 to 13 per cent of the adult male population and that a possible rate for gonorrhea of from 40 to 60 per cent is not unreasonable.

The latest definite statistics on the subject of the prevalence of venereal disease is the record of the examination of approximately the second million drafted men. The Medical Records Section of the Surgeon General's Office of the Army has tabulated the data in regard to this second million men and this data shows that 5.4 per cent of the men had a venereal disease at the time of examination upon arrival in camp. This percentage includes only obvious cases of syphilis, gonorrhea and chancroids. Wasserman tests were not made nor was any special effort made to secure urethral smears. Furthermore, this percentage does not include those who had been previously infected and apparently cured.

Among young women, Vedder estimates that the percentage of syphilis fluctuates between 3 and 20 per cent depending on age, marital condition, social status, etc. Regarding the prevalence of gonorrhea, the estimates vary. Stokes says:

"An indirect conception may be obtained from the fact that 50 per cent of absolute and one-child sterility is due to gonorrhea in women. The percentage of gonorrhea in women varies largely with their social

status. Among the most refined types of unmarried women and girls, it is probably negligibly small. Of the pregnant women in the hospitals of Continental cities 20 to 25 per cent were said to have had gonorrhea. Prostitutes, professional or occasional, nearly all have it. The estimated prevalence of the disease in these types ranges from 70 to 95 per cent, as determined by various vice investigations, and by studies of delinquent women, such as that of Haines, who found percentages ranging from 75.7 to 98.2 in 500 cases."

Jeans says:

"Syphilis is found in one-tenth of all marriages. Of the children of these marriages 17 per cent are spared, 30 per cent die at or before birth, 40 per cent die at an early age. About 5 per cent, therefore, of the survivors have syphilis."

Assistant Surgeon General C. C. Pierce, Director of the Venereal Disease Division of the U. S. Public Health Service, in an address before the National League for Nursing Education, said:

"Venereal diseases are intimately interwoven with every aspect of the public health movement. . . . Gonorrhea and syphilis have unlimited possibilities as the cause of physical and social ills of people. . . . These diseases play a most important role in the cause of maternity and infant morbidity and mortality. Children affected with congenital syphilis, even when treated, are predisposed to many conditions that cause a serious handicap to them throughout life, among these being abnormal mentality or mental retardation. To these two diseases also can be traced much of the great burden of all industrial illness."

Prince Morrow* speaking of the wide-spread prevalence of syphilis

*Prince A. Morrow. Trans. American Association for Study and Prevention of Infant Mortality. Second Annual Meeting 1911. p. 141.

and its effects upon child welfare says:

"Syphilis is the only disease transmitted to the offspring in its full virulence, killing them outright or blighting normal development. When the father alone is infected, the mortality averages from 60 to 80 per cent. One-third of all affected children die within the first six months. Many of them die from native debility and inaptitude for life, a lack of "biologic capital." . . . Such children are sickly. Dr. Binnie of Melbourne says that fully 30 per cent of all morbidity in the Children's Hospital was caused by syphilis, and it was a factor in over 40 per cent of the children who died. He estimates that about 9 per cent of the children in Melbourne are tainted, but this small percentage furnishes material for one-half the pediatric work of the general practitioner and includes nearly one-half of the fatal causes. The chances of an infected child dying under 15 years of age is nearly seven times greater than that of a child free from syphilis. The chances of a syphilitic child getting typhoid fever is nearly two and one-half times as great as for a non-syphilitic; for scarlet fever three times; for measles three and one-half times; for diphtheria, nearly seven times. Thirty per cent of the children with tuberculosis hip diseases were congenital syphilitics. In tuberculosis meningitis, the percentage was 60. Forty per cent of the cases of gastroenteritis were syphilitics."

In about one-seventh of the cases the deaths are due to what we regard as the more direct effects of the disease. Aneurysm* and the enormous group of affections of the nervous system represent later but none the less definite effects of the poison.

*William Osler. Syphilis and Aneurysm. *Journal of the American Medical Association*, Dec. 25, 1909. p. 2178.

Certain diseases may follow termed meta- or para-syphilitic affections, the chief of which are locomotor ataxia and dementia paralytica. Since the introduction of the Wasserman reaction these are regarded as definitely syphilitic, dependent on the parasite itself or in some unknown way on its poison. Locomotor ataxia is a wide-spread disease, more frequent in cities than in the country. Of 16,562 cases in the neurological dispensary of the Johns Hopkins Hospital, there were 201 cases of locomotor ataxia. The great majority of cases occur between the thirtieth and fiftieth years. Occasionally cases are seen in young men, and it may occur in children with hereditary syphilis. Syphilis is the important cause. In the Johns Hopkins hospital, the percentage, as found by Thomas, was 63.1. Erb's figures are of 300 cases of tabes in private practice; 89 per cent had had syphilis. Moebius says, "The longer I reflect upon it the more firmly I believe that tabes never originates without syphilis."

In general paralysis, as in tabes, the important factor is syphilis, which is antecedent in both conditions in practically all cases. It occurs chiefly between the ages of 30 and 55, although it may begin in childhood as the result of congenital syphilis.*

*Wm. Osler. *Principles and Practice of Medicine*. Eighth Edition, pp. 268, 913, 922.

From this brief and very general statement of the wide-spread prevalence of both gonorrhea and syphilis may be seen how these two important communicable diseases enter every field of nursing. Venereal diseases, like most of the communicable diseases, are more or less attributable to social causes beyond the control of any particular group.

It would be difficult indeed to draw a line of demarcation between the duties of a nurse engaged in prenatal work and one engaged in venereal disease control per se—between the nurse engaged in mental hygiene work and the nurse engaged in venereal disease control work per se—because the underlying cause of the condition which would bring an individual under the observation of physicians and nurses might well be one or the other of these diseases.

It is important, therefore, that every nurse should know about these diseases, how to recognize them, and how to secure treatment for persons who are suffering from them. She should familiarize herself with their economic and social importance.

To train a nurse for venereal disease control work means to train her for public health work. The medical, social, educational and legislative aspects of venereal disease control differs but little from that of any other form of communicable disease control work.

To be sure, moral complications do enter into it and many times are difficult of adjustment, but here again is where general training of a thoroughgoing nature is needed for all public health workers. Moral complications present themselves many times in the course of a week's work in general, and when they affect the welfare of children, expose other people to disease, or form any sort of a menace to the community, a way is usually found to cope with them.

Do not take promiscuity and immorality for granted when taking care of venereal disease, always bear in mind the possibility of innocent infection.

L. Duncan Buckley has written at length on syphilis as a disease innocently acquired. He tells us that "Innocent syphilitic infection may take place as:

1. *Marital Syphilis.*

Fournier of Paris found that fully 25 per cent of all syphilitic women seen by him in private practice contracted the disease innocently and undeservedly, while of the married women the disease was unmistakably traced to the husband in 75 per cent of the cases. In my own private practice I found that in 50 per cent of the women with syphilis, the disease was acquired in a perfectly innocent manner, while among married women the percentage of innocent infection was quite 85 per cent.

2. *Hereditary Syphilis.*

The mortality of children born of syphilitic parents is very great.

In the hospital in Moscow, Russia, from 1860 to 1870, there were 2,002 such births and 1,425 deaths, that is, 71 per cent of children born there of syphilitic parents died. Jarnowsky tells of three families of syphilitic parents in which there were twenty-two births. Of these came only one healthy adult person. Of thirteen who survived some years, eight were incapable of self-support from mental and physical defects and the other five were weak and nervous. Tchistakow gives the case of a man who had severe syphilis in early life, of whose nine children two were idiots, one was deaf and dumb and one died in infancy.

3) *Extragenital Syphilis.*

Many hundreds of observers have reported thousands of accidental chancres in every part of the body. More than 200 cases of this kind have fallen under my observation.

There are three general lines in which syphilis may be acquired innocently.

1. In domestic and industrial life.
2. In the nourishment and care of children.
3. In professional pursuits in the care of the sick.

Syphilis has been given by kissing, biting, scratching and personal contact by spoons, knives, forks, cups, glasses, tobacco pipes, cigars, even by troches and candy passed from mouth to mouth; also by underclothing, masks, plasters, bandages, lint, towels, sponges,

combs, toothbrushes, syringes, sick chairs, etc. Among those who have acquired it innocently in industrial life may be mentioned glassblowers, assayers, weavers, musicians, conductors (by whistles), cooks, furriers, upholsterers, shoemakers, and servants.

The second class relating to syphilis acquired through the nutrition and care of children, includes literally thousands of instances, often extending in long series of cases, where syphilitic infants have infected nurses, and they in turn have infected other children; or where syphilitic nurses have given the disease to infants under their charge.

Syphilis has been conveyed from one patient to others by vaccination, skin-grafting, wet cupping, tattooing, by the use of the eustachian catheter and through dental instruments.*"

In the foregoing I have attempted to point out to you the seriousness of the venereal peril and the need for education for all nurses regarding these diseases.

The responsibility is definitely that of the entire profession and cannot be morally discharged until every nurse on active duty has been informed regarding these diseases. While venereal disease control may be counted as a new field of activity for Public Health

*L. Duncan Burkley, Syphilis as a Disease Innocently Acquired. *Journal of the American Medical Association*, March 4, 1905, p. 682.

Nurses, it must be borne in mind that venereal diseases do not confine themselves to any particular stratum of society; it is, therefore, quite as necessary for the private duty nurse to receive instructions regarding communicable disease control as it is for the district nurse.

A word also relative to the development of an appreciation of human values and a recognition of extenuating circumstances.

As a final word to you let me leave with you those beautiful words used by Dr. John Stokes: "It has been the aim of the discussion to present the facts bearing on these diseases not alone as a medical issue for medical men, but as a problem in human nature and in the moral strength and weakness of the social order, in whose solution each and every one of us

has his part. Though we may be spared the actual miseries of the sick, their pain must now be our pain, their struggle our struggle. Their defeat and death are symbols of our own futility. Only by such a socialization of our point of view towards the public health can we hope to advance beyond our present outlook and effectiveness. With the movement against germs and bodily disease must go a will to right spiritual wrong, an idealism for the body which is incomplete without the perfection of the soul. If we see the two as one, we have made the first step. If we as a race can feel our brothers' sickness as our own, their lacks our lacks, their triumph in flesh and spirit, our triumph, there is in us the stuff of destiny and there awaits us a future without finite limit."

A Correction

In the April issue of *THE PUBLIC HEALTH NURSE*, on page 358, in referring to two height and weight charts circulated through the Federal Bureau of Education, the statement was made that these charts were prepared by the National Child Welfare Association. This was an error, and the announcement should have read that the charts were prepared for the Child Health Organization of America by Dr. Thomas D. Wood, of Columbia University, and later were given over for distribution through the Federal Bureau of Education by the Child Health Organization of America, 156 Fifth Ave., New York City.

*The Unreached Child in the Open Country

BY JOHN F. SMITH
Berea College, Berea, Ky.

I FEEL just a little as Hall Caine said he felt when he came to the States some years ago and addressed an assemblage at South Hadley. He said to the young women there, "It frightens me a great deal less to speak to one girl a thousand times than it does to speak to a thousand girls once." I am very glad indeed to present this morning the case of the Unreached Child in the Open Country, and what I shall say I shall say as a Southern man. I shall speak frankly and pointedly in regard to our Southern conditions and our Southern needs. And I do so because I was born and reared in the Southland, in the open country, and know something whereof I speak.

My desire is to see a Public Health Nurse, or a visiting nurse, in every community in the open country, who can reach the unreached people. Because out in the open country, where visiting nurses do not very often go, up in the heads of the lonesome valleys, there we find people whose health conditions are often a menace to the entire countryside. And, moreover, I believe most heartily in the boys and girls who are reared in the country places. I call to mind many of the most distinguished men of the coun-

try who were born and "fotched up" out in the country. Mary Lyon, the founder of Mount Holyoke College, was a country girl; John D. Archbold, the former President of the Standard Oil Company, was a country lad; William G. McAdoo, whom all Georgians feel proud of, was a country fellow; George M. Reynolds, Chicago's greatest banker, was reared on a farm out in Iowa; Charles M. Schwab, the great steel king, was born in a Pennsylvania village; John D. Rockefeller was almost a country man; Dwight L. Moody was reared in a little place in Western Massachusetts; Dan Willard, President of the Baltimore & Ohio Railroad, was reared up in a country place in Vermont; so was Darwin P. Kingsley, the President of the New York Life Insurance Company. And a good many of you nurses were reared out in the country, I have no doubt. You bear the marks of it by your strong, vigorous powers, and your good, thinking heads. The fact is, that about two-thirds of the men and women in this country—seventy-five per cent, close to it—of the men in America who move in progressive lines, were born and reared out in the country places. The man whom all the Southland loves and admires, Robert E. Lee, was born out in the country, in Virginia; and so was George Washington, and so also was the man whom all the nation

*Paper read before session on Rural Needs and Rural Problems, National Organization for Public Health Nursing, Atlanta, Ga., April 14, 1920.

loves, Abraham Lincoln. So when we minister to the unreached boys and girls of the open country we may be ministering to another Harris, or Archbold, or Lincoln, or a Lee, or some other great personage.

So I come this morning presenting the need of twenty-five millions of people in the Southern States. Seventy-two per cent of our people in the Southern States live out in the open country. About five or ten millions of them are numbered among the unreached people. Now I mean by unreached people those who do not have adequate medical attention if they become ill, and have practically no medical attention to keep them from becoming ill.

Now it must be definitely understood that there are many classes of people in the Southern States, and in the Southern mountains, in particular, living in the open country, who are capable of taking care of themselves and who have the money to provide medical attention when needed. But there is a great submerged tenth in the Southern highlands who are practically unreached in any adequate way, and at least five or six million people who are not reached in any sufficient way with medical ministry.

Now there are some constructive forces in the South that will coöperate with the nurse. There are institutions of learning turning out, many of them, people trained in many different activities, some of them turning out trained nurses; Virginia's Normal Schools are turning out people who are trained to go

out and examine children in the public schools. I wish that every other Southern State was as thorough in that particular as the State of Virginia is. I am not a Virginian; but, I recognize good where I see it.

And then there are State Boards of Health in most of the Southern States that have very efficient health organizations. Kentucky has one of the best organized boards of health anywhere in the Southland. Here are some reports that I have had from the various Southern States, just showing the situation at the present time in regard to public health nursing.

In South Carolina a call comes to me for two hundred Public Health Nurses. Now, I don't know exactly the technical distinction between a Public Health Nurse and an ordinary nurse. I believe there are some degrees of difference, but I have never been able to figure it out. Whenever I say "Public Health Nurse" I mean everybody that ministers to country people. Now that is not exactly what she is, I believe, but that is what I mean. South Carolina sends to me word that two hundred nurses are needed to minister to the open country folk at once. They have in the State four sanatoria for taking care of tubercular patients. They need two hundred for taking care of people who have tuberculosis, because three or four thousand people in that State die every year of the great white plague. No negro nurses are reported in South Carolina. At least two negro nurses in each county are needed to

take care of the health of the colored people. South Carolina reports seventy-five nurses. That is a State that is getting things well under way. They are doing some important things in South Carolina.

North Carolina reports that it needs 80 nurses at once; has three public institutions that take care of tubercular patients; no negro nurses reported; 115 nurses now in the field in the open country; that is, one in every county, two in most counties and four in many of them.

Tennessee does not report any Public Health Nurses. Because I came from Tennessee I know that Tennessee needs at least 150 right this minute. There are three sanatoria in the State taking care of tubercular patients. No negro nurses at all in the State, but I know that in 30 counties negro nurses are needed very badly. The Commissioner of Health does not seem to know how many nurses he has. If he doesn't know I don't know who would.

As for Kentucky, I do not have the statement from the State Board of Health, but I know that Kentucky needs 125 nurses right at once. It has something like 40 in the field and 31 are here this morning.

Alabama says she needs 250 Public Health Nurses to reach the people of the open country; has only 60 now, has two public sanatoria for the care of tubercular patients; and two negro nurse clinics recently put in.

West Virginia has 70 nurses right now, no negro nurses mentioned; has three white sanatoria and one for colored people; needs 300 nurses to go out into the open country places.

Virginia has 12 negro nurses, has 143 nurses out in the open country places and has three sanatoria for taking care of tubercular patients, and needs 300 nurses. The Secretary of the State Board of Health wrote me the other day that right now there are fifteen counties in the State that have their health commissions already organized and have the money in the bank just waiting for the women to come and take up this work. I don't know what the salary is, but there are fifteen places at this moment waiting for a nurse to come along.

Now the unreached family. Here are some of the classes of unreached people out in the open country. First, is the isolated mountain family, the family which lives away up in the head of the lonesome valley. Admiral Farragut, who became the first Admiral of the United States, was born and reared in just such a place as that. There are plenty of geniuses that come out of those houses at the heads of the long, lonesome valleys, unreached practically by any kind of medical attention except as the doctor finds time and strength to get there. But the sheriff and the tax assessor are the only two human beings on the face of the earth that reach them dead sure. Now I know whereof I speak.

There is an opportunity there for some very constructive work.

And then other unreached families are found all about in the Southland. I wonder if many of you ever went into a tenant house out in the middle of an old field, standing where there is a place for the chickens to live, but no place for shade where the children may play. No grass in the yard; it is kept swept smooth; no fence around the place; a stick-and-dirt chimney; no window panes. I am speaking of the poor tenant house in the Southland. You see them in this State and in all the other Southern States.

Those people who are unreached in an adequate way by medical ministry constitute a menace to the health of the entire countryside. Our cities are dependent very largely for their fresh blood upon the country people. The constant flow of folk from the countryside into the cities builds up the cities. There are a number of influences, noises, and so on, in the cities that have a tendency to unnerve people. Now it is the flow of fresh blood from the country into the cities that keeps the cities strong and vigorous and youthful and progressive. That is recognized by everybody who has looked into this matter. And unless we can get strong, vigorous, red, rich blood out in the country-side our cities are going to suffer just as well as the country people. So I insist that the bad health of the unreached man in the country place constitutes a real menace, not only to the country folk, but to our cities as well.

In the military examination we discovered that the health of the country men fell just a little below the health of the city men—something like fifteen per cent difference, I think, in all the examinations. And I know personally that the great curse of the people of the countryside is intestinal diseases.

I have observed it in many places. There is more intestinal trouble out among the people on the countryside than all the other diseases put together—the thing that deteriorates nerves, and deteriorates and destroys health, really, in thousands of cases. One disease here in the Southland destroys the lives of about twenty-five thousand children, *just one disease*.

Now what do we find when an examination of the country children is made? Here, again, the State of Virginia, in a way, leads all the Southland in the examination of country children. Virginia has some Normal Schools and other places which train people who go out and not only teach the number of bones in the body, and how the blood circulates, and the number of linings in the stomach, and teach boys that they have got a liver, and what a heart looks like, but they also teach people to go out and make examinations of children. They see whether they have defective eyes and see whether they have defective teeth, or defective throats or ears. I hope, sooner or later, every Normal School in the country will put courses of that kind into the curriculum, and will not graduate any-

body to go out and impose themselves on country people until they are capable of doing things that the country people need to have done most.

In an examination in one county of 3,489 children, 20.8 per cent had defective eyesight; 29.8 per cent had defective teeth. In another county, where 502 children were examined, 29 per cent had defective eyesight, 61 per cent defective teeth.

Now 22,418 children had been examined when the report came to me, and 22.3 per cent had defective eyesight and 46 per cent had defective teeth.

In these latter days of medical investigation we are becoming a wise people, and even I, who do not know one pill from another, am aware of the fact that some of the most serious consequences that come to human bodies are the result of defective teeth. And one of the things that nurses can do in the open countryside is to call attention to the absolute necessity of fathers and mothers looking after the teeth of their children.

I won't attempt to tell any horrible stories. You know more than I do about the untoward conditions of human bodies. But I myself have seen some teeth and eyes and other parts of human bodies that nauseate us even when we think about them. I merely call your attention to them. I say that there should be a determination in the minds of all public health officials in the Southland—the whole country, for that

matter—that is just as strong and just as determined as that in the minds of the French Army at Verdun, who said of the enemy, "They shall not pass." And I wish that every public health officer and every nurse anywhere in the Southland would come to the same conclusion in regard to the disease that infects the unreached children of the open country—this disease shall not pass from that unreached home to any other home. Whenever we come to that conclusion and whenever we arm ourselves with the determination, and with the knowledge, and with the right spirit that ought to fill the soul of every rural nurse, we will stop disease just where it is; just as the two plucky American doctors stopped the bubonic plague over in Manchuria years ago—because Europe, and perhaps America, would once again have been cursed with the black plague, had it not been for those two physicians, who went and put up their lives—though they did not lose them, as did the unfortunate man who stopped the ravages of yellow fever in Havana. I admire the doctor of every land, but especially the American doctor, who is not afraid to sacrifice his life in order to save his countrymen, as this gentleman did in Havana, and just as these two plague doctors did in Manchuria—offered up their lives to save other lives.

Now why is the unreached family? I heard a lecture once on an important subject—"Why is a cow?" Why is the unreached fam-

ily? Well, I will jot you down some reasons. First of all, there are not any hospitals out in the open country, and where hospitals are built there are fees, and the people who most need medical ministry are people who are not financially able to pay fees.

And then a great many people in the open country are as afraid of a hospital as they are of a rattle snake. They are afraid of a nurse, unless she goes into their homes. There is no need to tell you that; you know that already. You can't get some folks to go into a hospital. We have an important hospital at Berea, and we can't get some people to come in there. Some years ago we found five cases of trachoma in one family. We couldn't get one of those people to come in, for two reasons: afraid of the hospital and afraid it would hurt. Now multiply that by ten million and you will have some idea of the widespread fear that my folks, and the folks of some of you, have of hospitals.

Now it remains for the hospital institutions, and the nurses and for the health boards in the various States to fight that fear away by the proper kind of ministry—and I am sure it can be done.

And then another thing. The countryside is not adequately supplied with capable physicians. Now I take off my hat to the doctors in the countryside. Of all men who minister in a faithful way to people I do not know of any other class who deserves more commendation than

the faithful doctors of the countryside. I know one old man in particular, a doctor of the old school. He goes in a buggy, and he could not go in an automobile even if he had one—he goes in a buggy over into the unreached places where automobiles cannot go. He drives back and forth, in and out. I have never seen him speak to any human being. I see him sitting in his buggy practically every day, driving along, going to minister to somebody who is able to pay maybe a dollar for his attention. That old man is doing a wonderful work.

Why is the unreached family? There is no attendance ready for the sickbed when a child is about to be born, except the neighbor woman or perhaps the midwife—and the midwife does not come in armed with the equipment that you women come armed with. She comes with a little mutton tallow, and a pair of scissors and a bottle of camphor, and maybe a bottle of bitters, and that is about all. And there is often no equipment whatever for the sickbed—no sheets, no change of linen, very little for the mother. About all there is there is a human being ready to give birth to a new human being, and a few long, sober-faced neighbor women—and poverty, bitter poverty.

I tell you, friends, you don't know what genius is wrapped up in the life of a child born in such untoward circumstances; and millions of babies every year in the

Southland are born in just such places, because they cannot choose the place of their birth, and because there is not the medical attendance to take care of them as they deserve—no nurse, no adequate medical attention.

Now the doctors usually get there whenever they are called. I have seen patients with a doctor who had been riding for days and nights, sleepless almost, and going on long trips to get to them. And I have a good deal of patience with a doctor who declines to answer a call to go. I know in some cases where a man was tired to death. The majority of doctors will go; but sometimes it is a long ride—as the fellow says, "it is a far piece to the head of the hollow, and it is cold, and it is rainy, and the roads are bad." Right there the nurse could render an important assistance, if she were there. May heaven hasten the day when she will be there all over the countryside!

Why is the unreached family? Because our State legislators do not provide for the unreached people in the country. Our State legislatures have been entirely too careful about the amount of money they turn loose for public health work.

Some years ago, I was out giving a number of lectures for the State Tuberculosis Commission of Kentucky. I called the attention of one doctor to the fact that the State of Kentucky had just spent \$100,000 to

eradicate disease in sheep, and was spending \$15,000 that year to eradicate tuberculosis in children. He said, "Well, Professor, when a sheep dies it is money out of pocket; but when a man dies—he had got to die sometime anyway."

Now I am afraid you will find that kind of philosophy among a good many legislators. I have respect for some legislators and some I would like to have a conference with.

Many of these people are the victims of untoward circumstances. They are the victims of isolation. Now, right here, I think that the efficient public health or rural nurse deserves to have training as broad and as deep as that of any other public official. Her training can never be made too broad.

Most important of all things the country folk need is directive recreation. A lot of young men and women go to the devil every year because they do not have any place to play. The farmers, my friends and yours, provide a lot for their mules to run and kick up their heels in. The farmers provide a lot for the calves to run in and the sheep and hogs to run in. But the children are allowed to run at large without any specified place, and they are victims of untoward circumstances. Then, again, a great many country people are victims of superstition. There are still many mothers going around who put an onion plaster on the baby's feet to draw out the fever, who still hang the little bag of "fid-

ity" around the neck of the baby to keep off measles and whooping cough.

I am not telling a thing that I have not seen. I was talking to a good mammy some years ago about an epidemic of typhoid fever that had recently been in her neighborhood. I called her attention to the cause of it and the means of prevention and she remarked, "Well, I have always been right careful of my babies. They never had typhoid fever. I always give them turpentine and make them wear 'fidity' around their necks." Now if you multiply that mother—and she is still living, too—you multiply that mother by five millions of mothers and I do not think you will exaggerate the number who still believe in the turpentine and "fidity" theory. There are plenty of people, as good folks as your people and my people, who still, when a rabid dog bites a child, take the child to a mad stone. I have known of some cases where the mad stone is invoked instead of the Pasteur treatment. And there are lots of people who do other things—bind up the eyes for trachoma and cover them with a poultice made out of herbs and eggs and some other things, and ruin the eyesight, perhaps, of the child by the treatment. But you know it as well as I know it.

Then they are victims of poor hygiene. They live in places where inspection work falls down. It is easy to sit in an office and make up an inspection program, but it is another

thing to make it carry to the heads of the long, lonesome valleys. The program falls down or their workers faint by the wayside.

I want to say a word about the isolated negro family here in the South, or the negro family here in general in the South. The health of the white people in the Southland depends to a great extent upon the health of the negro people in the Southland.

If the Southern white people were entirely selfish and would not give one cuss for the negro as a human being they could well afford to look after the good health of the negro for the sake of the white people, as well as for the sake of the negro. The poor health of negro families certainly is a perpetual menace to the health of the white families. And I hope when I hear from Virginia and South Carolina and Tennessee and Kentucky and other States in the future I will hear that there are a larger number of negro nurses out doing their ministry work.

The last topic is that of reconstruction. What point of view are the rural health nurses to have? I give my point of view as a rural sociologist, not as a medical man. My point of view is, first of all, that demonstration has a wonderful effect on the people of the countryside. No demonstration has ever been given to the people of the Southland that is quite so far-reaching as that directed some years ago by the Rockefeller Foundation Commission in the hookworm campaign.

That had far-reaching results. Just recently the Children's Bureau in Washington sent down to operate a huge automobile—the Child Welfare Special.* It is larger than five automobiles, and still could be much larger, perhaps; but a splendidly equipped moving van to go out over the country and to examine children. Now I intended to write Miss Eldredge and tell her what a splendid piece of work Dr. Bradley did around the Berea section, places where that demonstration has been given, getting the mothers to come in, examining the babies, writing out prescriptions, doing one thing that is, above all, essential for the children of the country—finding out what their trouble is and telling the mothers what to do with them. These State Health Departments are giving demonstrations and I want to commend them most highly. And wherever you nurses have an opportunity of examining the work of the health authorities of the State, I hope, for the sake of the children and mothers, that you will lend your influence as strongly as possible in that direction.

Then I think it is necessary to tell the whole truth about the needs of the country people, for you can only reach the situation out in the open country when you know what that situation is. The old hunters always located their game before they

touched the trigger and shot. So we must know exactly what the difficulties are.

Then there is another thing that is in our reconstruction program. It remains for some of you to plan children's menus for children of one, two, three and four years of age. Menus for the unreached mothers in the open country—here are the things they have at this time of year: fat, salt pork, chuck beans, pickled corn, half sour molasses, corn bread and a few other things, just a few. That is the diet. Now that woman would be a genius who could work up a children's menu that will make a child grow up strong and healthy and vigorous whose mother has no other resources than the kind of food that I have just mentioned. Millions of people are just exactly in that condition.

And then there must be in our reconstruction program a new course in all of our old institutions, a new nursing course. And I want to see the day come when the training that is given to people who are going out to nurse the unreached people will be given not in the urban centers, but out in the country places.

I believe, and I speak from sane knowledge, that the best training that can be given to people that are going to minister to country people will be in our smaller local centers rather than in the urban centers. I hope the time will come when that will be possible. Then we need health institutes where men who know a whippoorwill from a barn owl,

*An account of the work of the Child Welfare Special was published in the December, 1919, issue of THE PUBLIC HEALTH NURSE.

where men who know the country people, the needs and problems, can come before bodies of intelligent folks and tell the story as they see it.

And it is the larger aspects with which I shall close. There are some larger aspects. It is not altogether the question of coming in and telling the mother how to bathe her baby; it is not altogether telling what the child needs for food; it is the larger life that we can bring. Nobody goes out fully equipped to bring that larger life to the unreached people in the country. Problems of recreation, with a program that will work; problems of group gatherings and community sings and a program that will work; problems of these organizations that will work; problems of social affairs with a program that will work. Those are some of the larger things; over which I would put that fine spirit of the Man of Galilee, that prompted Him just to find one family that needed something and to go to meet that need; the spirit that prompted Him to say to the woman who had been bowed down eighteen years, "Be strong again;" the spirit that prompted Him to say to the man with tuberculosis who had a withered hand, "Your hand will be healed"—that is the spirit I mean. Whatever we may have in the way of efficient training in public health nursing or any

other kind of nursing, whatever we may have in the spirit of wide knowledge of the needs of the open countryside, unless it is all tempered and modified and glorified by that spirit of the Man of Galilee, the spirit of service to human beings, it will not be so effective as it would be otherwise.

I picked up from my hotel room this morning the Book of Common Prayer, and there is a little sentence in that book which tells what I want to say in regard to this spirit that ought to be in the life and heart of every nurse who goes out to minister to the countryside:

"Finally we commend to Thy Fatherly goodness all those who are anyways afflicted or distressed in mind, body or estate, and that it may please Thee to comfort and relieve them according to their several necessities; giving them patience under their suffering and a happy issue out of all their afflictions; and this we beg for Jesus Christ's sake."

May God speed the day when every unreached family and every unreached hamlet in the land will have its rural nurse that will reach those people in a helpful way, just as the spirit mentioned here in this little prayer comes down to us from Christ whose major duty of life and chief duty of life was not to preach a creed but to reach the unreached men and women of the countryside.

Summer Institutes For Public Health Nurses

The National Organization for Public Health Nursing is planning two Summer Institutes for Public Health Nurses, one at Fish Creek, Wisconsin, from July 1st to 15th, and another at Hull House, Chicago, from July 15th to 29th.

These Institutes are to be planned and conducted on an entirely new idea. The nurses are to alternate study with rest and play. The morning hours and part of the afternoon will be devoted to class work and round table discussions. The remainder of the day will be given over to rest and recreation.

The Educational Committee of the National Organization for Public Health Nursing is planning the outline of study, which will cover:

The Principles of Public Health Nursing.

Public Health Administration Programs.

Sanitary Science.

Practical Application of Sociology to Family and Community Needs
in Relation to Nursing.

These Institutes must not be considered a public health nursing course, but are instead a series of formal and informal conferences on subjects of practical interest to nurses engaged in public health nursing.

Admission is limited to graduate, registered nurses who have had at least six months' experience in practical field work in public health nursing or nurses with shorter experience supplemented by a regular course approved by the National Organization for Public Health Nursing. The program fee will be \$5.00 payable at the time of registration, which will be on the opening day of each Institute.

Reservations have been made for fifty nurses at the Hotel Thorp, Fish Creek. Board and room at the Hotel Thorp will cost \$18.00 per week during the time of the Institute.

The National Organization for Public Health Nursing in offering an Institute in Chicago is fortunate in being able to coöperate with the Chicago School of Civics and Philanthropy and Hull House.

Nurses attending the Chicago Institute can secure lists of possible boarding places by writing:

Miss Stella Fuller, Extension Secretary, National Organization for
Public Health Nursing, 116 South Michigan Ave., Chicago, Ill.

Further information will be included in an Institute Folder which will be issued in the next few days.